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A Case of Empyema and the Surgery.

Read before the Surgical Section Kansas State Medical Society, at Wichita, Kansas, May 13, 1891.

BY C. A. M'GUIRE, M. D., TOPEKA, KAS.

MR. CHAIRMAN:—The object of this report is not to demonstrate any new or wonderful ideas of surgery, or treatment of such cases, for I have none to offer, but only to give an example of how easily we may overlook the true pathological conditions in a diagnosis.

Malcolm L——, male, aged two and a-half years, American parentage, history of fairly good previous health, was a bright, active, cheerful child, and able to play about the house and neighborhood as other children of similar age. But he was a blonde, with large eyes, long eyelashes, and the offspring of a nervous, strumous, and tuberculous family. I was well acquainted with the child and family, living in the same neighborhood, and daily observed these details for several months. But the family moving away I had not seen the child for at least six months, until called into the case professionally. He was taken sick about the middle of April, 1888, with what was reported and called by the attending and consulting physicians, typho-pneumonia, and was confined to bed with high fever, nausea, difficult and painful breathing, distended abdomen, loose bowels, etc., for about one month. He then gradually recovered until able to sit up in bed, or in his mother's lap, or in a high chair with the usual support, but was unable to walk, stand, or sit alone, and still had great difficulty in breathing and a persistent diarrhœa, showing by the character of the stools that a large percentage of the nourishment taken was passing the bowels undigested. There was great emaciation; the skin was dry and harsh, and the expression of the face anxious. But the family had been advised that the entire trouble now arose from indigestion, and as soon as that was corrected everything would be all right; and the usual digestive remedies were ordered and used for a period of nearly three weeks without any beneficial results. Such was the report given me by the mother when the case was brought to me on June 14, 1888.

On examination I found the child greatly emaciated, a dry, hot, pallid skin, marked dyspnœa, with great distension of the alæ of the nose at each inspiration, with an anxious, suffering expression; pulse 140, temperature 104° F., abdomen tense and tympanitic. Inspection showed bulging of the right intercostal spaces and no respiratory movement. By mensuration, the right chest was increased in girth one inch. Percussion gave flatness over all the right lung except the apex, where dullness existed. Palpation gave loss of vocal fremitus. Auscultation gave no respiratory murmur over the right lung, except over the apex, where the murmur was harsh and bronchial. The left chest exhibited the usual signs of a lung called upon to do double duty, with slightly increased resonance and an increased vesicular murmur, but no pathological signs or lesions.

I diagnosticated empyema of right side, and with the assistance of Drs. L. H. Munn and C. C. Bradley, punctured the right pleural cavity in the fifth intercostal space in the mammary line, and with the aspirator we removed about one pint of pus, thus greatly relieving the dyspnœa. The child rested easier through the night, and on June 15, the pulse being the same, and the temperature 105° F., we anæsthetized the child, and by a free incision enlarged the first opening and made the usual incision in such cases, in the right seventh intercostal space on a line with the

posterior auxillary border, and secured at least one quart of pus. This gave marked and immediate relief to the dyspnœa. We then introduced a drainage tube in the upper opening, passed it down through the pleural cavity and out of the lower opening, and secured it in this position by means of safety pins. Considerable difficulty was experienced in introducing the drainage tube owing to the small space between the ribs, but by prying the ribs apart with the blades of the dressing forceps, the tube was placed as above stated in position, and the cavity was thoroughly washed with hot, boiled water and a little carbolic acid as a deodorant.

The pleural cavity was washed twice a day until June 24, and we found a copious but gradually decreasing discharge of pus, a temperature varying from 102° to 104° F., loose bowels, no appetite, and considerable thoracic pain. We gave tonic doses of iron and hydrarg., bi-chlor. and tinct. chinchona comp. and whisky, and peptonized milk foods, and nourishment per rectum, and continued to wash the cavity once a day until July 14, and we received a gradual and constant improvement in all conditions of the patient to reward our efforts. From July 14 to August 20, the cavity was washed twelve times, and from June 24 the lung had gradually expanded and forced the tube down from the upper opening, which then closed; and the ordinary expansion and respiratory murmur of lung tissue could be determined down to the fifth intercostal space.

This improvement continued until August 10, when the tube could not be retained in the lower opening, and on August 26 this was healed, and the patient was in a normal condition, excepting a slight contraction of the right chest, resulting from the pleural adhesions, and the adhesions of the cicatrices of the operation, and a pronounced tendency of the patient in walking, to lean to the right side.

In January, 1889, I incidentally saw the case, and on examination found pleural adhesions still existing, but by mensuration the chest was completely expanded, the child natural in posture, the resonance and vesicular murmur normal, the cicatricial adhesions very slight, and the child growing, happy and healthy. Thus demonstrating that a lung crowded by a sea of pus into a very limited space, will, if given an opportunity, expand, and perform its alloted labor in a natural manner; but if a septic pleural cavity is to be called and treated as a case of indigestion, then the lung has no opportunity to demonstrate its elastic and recuperative ability.

The Expert Witness—His Legal Rights and Remedies.

C. S. GLEED'S REMARKS.

Editor Topeka MEDICAL JOURNAL:

Returning from the East just before the May meeting of the society, I found I had been chosen to open the discussion of Dr. Cazier's paper. I attended the meeting at decided inconvenience to myself, with no sort of immediate special preparation, and knowing nothing of what was in Dr. Cazier's paper. Naturally I was forced to speak from my general knowledge of the law. What I said has been very closely reported in the preceding issue of this paper.

Dr. Cazier closed the debate with various more or less gentlemanly remarks, which would have been thrilling and effective had I or the value of my legal opinion been the subject under consideration. The Doctor's closing in no way strengthened his paper. He did not produce the law which he seems to have produced in the report. In fact, he has "revised the record," until it scarcely resembles the original in any important particular. Under the circumstances, it seems to me right and even necessary, that I should in this manner speak more accurately than was possible on the night of the meeting, to the gentlemen of the society and others interested.

The question, as fixed by Dr. Cazier, is: May Kansas physicians decline to testify as experts when duly summoned to do so, without contempt of court? Dr. Cazier says yes. I say no. The Doctor asks, in italics, *What is the law?* The way to find out is this: Look at our statutes; if you find provisions on the subject by all means abide by them, unless some competent court has declared them unconstitutional or otherwise void, or

unless you are certain they will be so declared if tested. If, on the other hand, you find nothing in the statutes, then look to see whether our Supreme Court has anywhere expressed an opinion on the question. If it has, abide by it; if it has not, then look for the legal decisions which you think will have most weight with it; also, look for any special local considerations which may lead it to disregard or modify the rules established by other tribunals and adopt a new and perhaps wholly independent line of procedure. When all this has been done, an acute mind may have some clear notion of what would probably be the outcome of a test case. Such notion, however, would not be certain knowledge; it would only be a surmise.

And yet, Dr. Cazier says he knows the law!

Now let us examine the Kansas statutes. They clothe the courts of the State with liberal and well-defined powers in their several jurisdictions, one such power being the right to summon witnesses and punish any disregard of such summons by fines and other penalties. They also provide in clear terms for the payment of witnesses—how much shall be paid, and when and where. No exception is noted in favor of expert witnesses of any kind. So much for the statutes.

As for our Supreme Court, it has never had the question before it, and has never given a hint of its opinion concerning it. If it is to decide with Dr. Cazier, it must not only find the weight of authority to be with him, but must discover some reason or authority for concluding that the general statutes relating to judicial authority and the payment of witnesses are not applicable to expert witnesses.

And yet, Dr. Cazier says he knows the law!

Here let us look into the exact nature of the decisions of courts in general, and then see what the decisions actually are on this subject so that we may discover, if possible, some good reason for believing that the Supreme Court of Kansas would do, if required to act, what Dr. Cazier says it must do.

"The law has existed for all time, and the statutes are but exceptions wherein the law has changed," says the Doctor. This indicates a desperate struggle with the ghost of an idea—the idea being that of the technical difference between statutes and judicial opinions. Law is a rule of action made by competent authority, declaring what may or what may not be done. Such declaration is law whether made by the sovereign direct or the sovereign's authorized representative; whether made by Justinian, or the King's bench, or congress, or the legislature of Kansas, or any other competent authority exercising original or delegated powers. If competent authority says that a given custom is or shall become a fixed rule of action, it is thereupon law. The common law was and is custom established and approved, but that establishment has been brought about almost as much by statutes as by court decisions. Such is the origin and nature of the common law. The recognition and approval of the customs of primitive society, either by the sovereign or the courts to which the sovereign has delegated its authority, and the establishment of new customs by new enactments or decisions, account for all our laws.

In this connection, I venture to call Dr. Cazier's attention to the remark of Judge Oliver Wendel Holmes, Jr., in his great book on the Common Law: "The substance of the law at any given time pretty nearly corresponds, so far as it goes, with what is then understood to be convenient." And yet Dr. Cazier insists that the law "has existed for all time and statutes are but exceptions wherein the law has been changed." The Doctor's remarks argue well for his skill as a physician. He has evidently applied himself to medicine so closely as to have overlooked even the first principles of the law. Now that he has taken up the latter as a profession, there can be no doubt that he will arrive in due time to the same position at the bar which he has held in medicine.

In the matter under consideration, Dr. Cazier says: "He would have you believe that my position is new, untried and inexpedient." On the contrary, I distinctly stated, "That at various times, in varions states and countries, various courts (of more or less authority) have rendered decisions which suggest the possibility of the special payment of expert witnesses, and their release from contempt if they decline to testify." I simply insist that after

ample trial and repeated experiment, the suggestions have failed to become law.

At one time the courts of England were quite strong in this direction, but the decisions were all based on a statute the nature of which should be carefully considered. The statute of 5 Elizabeth, ch. 9, provides that the witness must have tendered to him "according to his countenance, or calling, his reasonable charges." If the law for which Dr. Cazier labors has existed for all time, why was this statute made? Greenleaf, referring to this statute, says: "But these reasonable charges are settled by statutes at a fixed sum for each day's actual attendance, and for each mile's travel from the residence of the witness to the place of trial and back, without regard to the employment of the witness or his rank in life." The English statute cited is in words and spirit contrary to the democratic spirit of our laws; and were it otherwise, even with all the decisions rendered under it, it could not for a moment be considered binding authority in this country. That such is the case will be seen by what follows, without reliance on my assertion. That English courts and writers are divided on the subject, will also be seen.

In the English Court of Common Pleas, Justice Park said: "In Moore vs. Adam, it was stated that upon process in this country allowance for time is made to medical men and attorneys, a rule which appears to be hard and partial; for time to a poor man is of as much importance as to an attorney."

In the same court Chief Justice Tindall said: "If that rule were to undergo revision I cannot say it would stand the test of examination. There is no reason for assuming that the time of medical men and attorneys is more valuable than that of others whose livelihood depends on their own exertions."

We next come to the unanimous opinion of the High Court of Kings Bench in Collins vs. Godefroy, 1 B. & Ad. 950, which says: "We are aware of the practice which has prevailed in certain cases of allowing as costs, between party and party, so much per day for the attendance of profersional men, but that practice cannot alter the law."

One of the foremost philosophical English law writers is Best, who says on this subject: "The law allows no excuse from withholding evidence which is relevant to the matter in question before its tribunals, and is not protected from disclosure by some principle of legal policy." The sovereign is named as the only exception to this rule.

It is thus plain that in England, where there is the greatest precedent for the rule, it has so weak and uncertain a tenure as to be a matter of doubt and debate, in spite of the Elizabethan statute behind it.

John Indermaur, the learned English law book writer, and Prof. Bennett, of the Boston University Law School, in their new book on "The Principles of the Common Law," page 186, say: "In America the fees of all witnesses are generally fixed by statute; and a witness, whether an expert or not, cannot generally recover any greater sum than that established by law."

In Dodge vs. Stiles, 26 Conn. 463, the opinion says: "There is reason why witness fees should be fixed by law, and at a moderate sum, lest poor suitors should be unable to seek redress, and witnesses be tempted to lean towards wealth and power. In England the party is obliged to provide for them (witnesses) during the trial, and the amount goes into the bill of costs. There, too, professional witnesses who are called to testify as experts are entitled to extra remuneration. Whether the rules of the English courts are better than ours, or whether ours need alteration, are not questions properly addressed to this tribunal."

In Minnesota, State vs. Teipner, 32 N. W., 678, the Supreme Court says: "Though there have been contrary rulings in other jurisdictions, in this state no witness can refuse to answer a question on the ground that his answer will be what is known as expert evidence; and this, whether he has been summoned or paid as an expert witness or not."

The Texas Court of Appeals in Sumners vs. State, 5 Tex. App. 365, says: "The court may compel a physician to testify as to the result of a *post-mortem* examination; and it is to be regretted that a member of a profession so distinguished for liberal culture and a high sense of honor and duty should refuse to testify in a cause pending before the courts of his country, involving the life or liberty of

a fellow being, and the rightful administration of the laws of a common country. Dr. Spohn has doubtless been misled, in taking the position he did, by the misconceptions of certain writers on medical jurisprudence."

In ex parte Dement, 53 Alabama, 611, Justice Manning in delivering the opinion of the Court, cites all the cases to be found in favor of special pay for experts, and then says: "It will be noticed that it has not been adjudged in any of the cases cited that a physician or other person examined as an expert is entitled to be paid for his testimony as for *professional opinions*. The reports contain nothing to this effect. The English cases only indicate, and it is implied by the decision of Judge Sprague, that persons summoned to testify as experts ought to receive compensation for their loss of time. And it is to be inferred that the judges delivering some of the opinions thought the time of such a witness ought to be valued, in the language of the English statute, (according to his countenance and calling), but it is not intimated by any of them that a physician, when testifying, is to be considered as exercising his skill and learning in the healing art, which is his high vocation; or that a counsellor-at-law in the same situation is exerting his talents and acquirements in professionally investigating and upholding the rights of a client. If this were so, each one should be paid for his testimony as a witness, as he is paid by clients or patients, according to the importance of the case and his own established reputation for ability and skill. But, in truth, he is not really employed or retained by any person. And the evidence he is required to give should not be given with the intent to take the part of either contestant in the suit, but with a strict regard to the truth, in order to aid the court to pronounce a correct judgment. Perhaps the attitude of one testifying as an expert of a matter in respect to which he is made conversant or skilled by his ordinary employment, is not so different as is supposed from that of another who testifies to acts or things done by or between the parties to a cause. It generally happens that after all the direct facts of a transaction are brought before a court, a knowledge of other facts not part of the dealing or affair between the litigants is necessary to a proper understanding and decision thereupon. For instance, one man may contract to sell and deliver to another on a certain future day for a price agreed on a specified quantity of a valuable commodity, and afterward fail or refuse to do so, and thereupon be sued by the latter. Witnesses to the agreement between them must be produced to prove the contract, of course; but when this is fully done, it must further be shown to the court and jury what was the value of the commodity on the day and at the place where it was to be delivered; else it cannot be known what sum of money would be an adequate compensation for the breach of the contract. And to prove this value, it may be necessary to call in some person who was living at that place at that time, and a dealer in commodities of the same kind, who did not know and had never before heard of the parties to the cause. * * * In all these instances, persons who may be wholly unacquainted with the parties to a cause, and know nothing of the transactions between them, may be required to come from their offices and the care of their own important affairs into court, to testify for the benefit of strangers in regard to matters in which they have themselves become conversant only by attending to their own business. And why are they required to do so? Because they know things important to the right determination of a controversy pending, and, in the language quoted in the commencement of this opinion, 'The law allows no excuse for withholding evidence which is relevant to the matter in question before its tribunals, and is not protected from disclosure by some principle of legal policy.' * * * But the exception in favor of experts thus contended for against the general rule relating to witnesses is not established; and other passages in the same work indicate reasons why, until the legislature make provision for the compensation of experts, the courts must, in a manner which shall be as little oppressive as possible, insist on proper occasions upon their attending and testifying as ordinary witnesses. Thus, the author truly says, 'As all definite knowledge springs from the possession of facts corroborating previous

conjectures, so evidence is the expression of a necessity of the human mind for all such facts as will enable it to form a conclusive judgment. Without evidence, therefore, there can be no knowledge, and in order to secure it the law seeks for testimony either through the mouths of living witnesses, the agency of written instruments, material objects and surrounding circumstances, or expressions of opinions predicated upon an acknowledged state of facts.' * * * *For, in fact, they are all witnesses at last.* And the same principle which justifies the bringing of the mechanic from his workshop, the merchant from his storehouse, the broker from change, or the lawyer from his engagements, to testify in regard to some matter which he has learned in the exercise of his art or profession, authorizes the summoning of a physician or surgeon, or skilled apothecary, to testify of a like matter when relevant to a cause pending for determination in a judicial tribunal. And if in a prosecution of an individual for murder it was proved that his supposed victim had a short time before his death drank something which he had received from the accused, and a chemist had analyzed the liquid and testified what substances it contained, and a physician was summoned to prove what effect they would have when taken into the stomach of a living man, and what would be the symptom of such effect, no court would be excusable in exonerating the physician from giving such evidence solely on the ground that it would be a professional opinion for which he had not been paid or received a promise of payment. In so testifying, he would not be practising the healing art. He would, like the merchant or the lawyer, or the mechanic, before referred to, be deposing only to things which he had learned in the course of his occupation or profession, or of the preparation for it, and the disclosure of which to the court would conduce to a correct understanding of a cause before it. His testimony would concern the administration of justice, and of him, as of the other witnesses, it could be justly 'claimed by the public as a tax paid by him to that system of laws which protects his rights as well as others.' The decisions of courts concern the property, reputation, liberty, or lives of men, and are carried into execution as the judgments of the law. Every individual, high or low, is subject to them. It is, therefore, of vital public interest that the tribunals which pronounce these judgments shall have power to coerce the production of any relevant evidence existing within the sphere of their jurisdiction, requisite to prevent them from falling into error."

Greenleaf on Evidence, (13th Ed., Vol. I., sec. 310, note 2), says: "An additional compensation for loss of time was formerly allowed to medical men and attorneys, but this rule is now exploded."

Three states in the Union have passed laws authorizing additional compensation to expert witnesses. These states are Iowa, North Carolina and Rhode Island. The exact character of these laws should be noted. The Iowa statute reads as follows: "Witnesses called to testify only to an opinion founded on special study or experience in any branch of science, or to make scientific or professional examinations and state the result thereof, shall receive additional compensation, to be fixed by the court, with reference to the value of the time employed, and the degree of learning or skill required." The North Carolina statute reads as follows: "Experts when compelled to attend and testify, shall be allowed such compensation and mileage as the court may in its discretion order." The Iowa statute reads as follows: "In addition to the fees above provided, witnesses summoned and testifying as experts in behalf of the state before any justice of the Supreme Court, trial justice or coroner, may be allowed and paid such sum as such justice of the Supreme Court, trial justice, or coroner may deem just and reasonable. *Provided*, that the allowance so made by any trial justice or coroner, shall be subject to the approval of a justice of the Supreme Court." The legislation here quoted does not indicate that the learned law-makers of the states named understood the law to have "existed for all time." If Dr. Cazier is right all this legislation was unnecessary. In this connection it should further be noted that under all these statutes all witnesses must come into court when summoned instead of disregarding such summons, as Dr.

Cazier advises, until expert fees have been advanced. In all these states the extra compensation is wholly a matter to be talked about after the testimony is given, it being exclusively in the option of the court.

Many other authorities might be cited to show what I meant by the "general drift" of opinion and practice, but I have already overrun my space and must close quickly. The "general drift" is also well indicated by the fact that physicians and other experts the country over, are not complaining of the burdens which Dr. Cazier seems to discover on them. The strongest case in this country in favor of extra pay for experts is the case of Buchanan vs. State in Indiana (17 Alb. L. J. 243), and I ought to be surprised, perhaps, that Dr. Cazier did not cite it. The opinion, however, was dissented from by Chief Justice Biddle and Justice Niblack, and it also held that an expert must go to court when summoned and be sworn without objection, as the nature of the testimony to be wanted of him cannot surely be foreseen. And following this decision and in line with the dissent of the chief justice, the legislature of the state passed a law prohibiting the payment of expert fees as a matter of right, the language of the law being as follows: "A witness who is an expert in any art, science, trade, profession or mystery, may be compelled to appear and testify to an opinion as such expert, in relation to any matter, whenever such opinion is material evidence, relevant to an issue on trial before a court or jury, without payment or tender of compensation other than the per diem and mileage allowed by law to witnesses, under the same rules and regulations by which he can be compelled to appear and testify to his knowledge of facts relevant to the same issue."

On the point I advanced as to all witnesses being required, properly speaking, to testify to facts and facts only, I do not wish to be misunderstood. The distinction made between ordinary evidence and opinion evidence, is properly made as a distinction for convenience. The whole theory of opinion evidence, however, rests on the idea that the witness, however ignorant of the facts directly in controversy, knows analogous or similar facts and their value, effect or result, from which conclusions may logically be reached as to the value, effect or result of the facts in controversy. Thus, philosophically and accurately considered, the opinion witness is testifying to facts as much as the ordinary witness—often more so, for the first many times speaks of facts over and over again demonstrated to be such, while the latter often speaks of facts with no other assurance than one view, or one hearing, or one act remembered with all the uncertainty of which the human mind is so well known to be capable. This idea is well expressed by the learned judge quoted above in his words, "*for all are witnesses at last.*"

Finally, assuming Dr. Cazier to be right, that a statute is only an exception, it should not be forgotten that Kansas has her statutes on this subject. They say what her judges may do, and they say what shall be paid to her witnesses, and nowhere do we find any exemption made in favor of expert witnesses. If any law "has existed for all time," it is certainly the law that courts may summon before them as witnesses all men within the limits of their several jurisdictions who can aid them in doing justice.

If a Kansas judge should some day fine a Kansas physician, or lawyer or other expert witness for contempt of court, and the case should go to the Supreme Court and there be decided in favor of the expert, then the situation would be somewhat different, at least, until in some other case the court should come to a more modern conclusion, and declare that all citizens who are so fortunate as to know something which will help the state settle a dispute between two of its subjects shall come in and reveal what they know, all for the same high purpose, and the same low pay.

In consideration of the foregoing, and much else that might be put in, I am forced to repeat the opinion I expressed to the Society: "When a Kansas court having jurisdiction summons a Kansas physician as a witness, expert or otherwise, the summons had best be implicitly obeyed—with celerity if not with joy."

CHARLES S. GLEED.

LET every physician read the JOURNAL.

Prostato-Cystitis.

A CASE — URETHROTOMY, DILATATION AND DRAINAGE.

Read before the Surgical Section Kansas State Medical Society, at Wichita, Kansas, May 13, 1891.

BY L. D. JACOBS, M. D., EMPORIA, KANSAS.

We sometimes meet with cases of cystitis that are absolutely rebellious to all remedial agents. In such instances surgical procedure for the purpose of effecting drainage, thus securing physiological rest and admitting of cleanliness by ready application of antiseptic ablutions, has often been resorted to with gratifying success.

In women, rapid dilatation—a method introduced by Dr. Teale, a surgeon of Birmingham, England—is a recognized practice. The urethra is dilated with a uterine dilator; the finger, previously well oiled, is then introduced by a gentle rotary motion. The urethral muscles and the so-called sphincter vesicæ are thereby overstretched and temporarily paralyzed, and the urine passes out of the bladder as fast as it is secreted. The tenesmus is relieved, and irrigations are easily effected.

The operation, it is said, is not free from danger of laceration, and consequent permanent incontinence; hence the greatest care and gentleness should be observed in performing it. In the several cases in which I have adopted this method I have been uniformly successful.

In men, of course, this simple procedure cannot be practiced, but cystotomy, or urethrotomy, with dilatation, must be resorted to.

These operations for the cure of cystitis have been done by no means very frequently. However, continued drainage is now the universal practice after lithotomy and kindred operations, when chronic vesical inflammation exists.

Cystotomy for cystitis was performed first by Dr. Willard Parker, of New York, in 1880. As late as 1882, in a clinical lecture at the hospital of the University of Pennsylvania, on chronic cystitis, Dr. Agnew said, (Report, *Med. Record*, July 22, 1882): "Opening the neck of the bladder, (cystotomy) has also been practiced for the cure of this disease; the plan being to drain the urine as soon as it enters, and in this way to remove one of the principal causes of the perpetuation of the trouble. The operation is not an established method of treatment, and its statistics, as they stand at present, are not flattering."

Dr. R. F. Weir, in a paper on "Cystotomy for Cystitis," published in 1880, (New York *Med. Journal*), found the number of reported cases up to that date, both in Europe and this country, to be 47. Of these 10 were by median perineal section, 32 by lateral section, and 5 by bi-lateral section. By the median section 6 were cured, 3 were relieved, and one died; by the lateral section 13 were cured, 4 were relieved, and 11 died, and in 4 cases the operation failed; by the bi-lateral section four were cured and one died.

From this tabulated statement the median section appears to furnish the best results.

During the last several years many surgeons are inclining to the supra-pubic method for nearly all operations of the bladder. Undoubtedly drainage can thus be secured as effectually, though not as conveniently as by the perineum. Keys, however recommends in cases of supra-pubic operations for stone, etc., when chronic cystitis exists, that for continued drainage an additional opening be made through the perineum.

The method of introducing a tube into the bladder above the pubes for permanent drainage was resorted to first by Dr. Van Buren, of New York, in 1863, (*Annual of Universal Med. Sciences*, 1888.) A double silver tube was introduced by him, the patient wearing it for several months, until death. The operation was again done by Sir Henry Thompson in 1886, and was by him prominently brought before the profession.

The simplest and most easily accomplished method for drainage, is by external urethrotomy through the membranous portion, and dilatation by the finger of the prostatic portion, which is analogous to the method referred to as practiced in women.

Some eminent authorities, among whom is

Reginauld Harrison, condemn the practice of dilatation, preferring incision of the prostate; but except, perhaps in children, when done carefully, it may be regarded as a safe procedure. Quite a number of successful cases have been reported, and we have the high authority of Sir Henry Thompson, who uses this method for vesical explorations.

In performing the operation, if desirable, the knife may be made to slightly incise the prostatic urethra as in Allerton's median lithotomy.

The selection of a method, however, must largely be controlled by the circumstances of the case. A stone or foreign body, a growth, an hypertrophied prostate, would lead us to adopt methods specially applicable for such conditions; and here drainage, as a surgical procedure would be secondary to lithotomy, prostatomy, prostatectomy, etc.

The following case of prostatitis and cystitis, of evident gonorrhœal origin, is remarkable on account of its intractability to ordinary treatment; and, it seems to me, interesting and instructive on account of the ready manner with which it yielded to operative procedure.

Case—Wm. S——, aet. 36, temperate, has never been very healthy, came to Kansas in 1880 on account of ill health; had hemorrhage of the lungs in 1875, and at several times during the next succeeding five years; had ischio-rectal abscesses in 1879 and 1880 followed by a fistula in ano; brother, and two sister, and two aunts, sisters of his mother, died of phthisis. Contracted gonorrhœa about November 1, 1888; epididymitis supervened about December 23, this shortly subsided, but was followed by frequent painful and difficult micturition and severe pains in the perineum and rectum, and painful defecation, attended with considerable fever.

The patient at first treated himself, but when epididymitis ensued he called in Dr. G. A. Biddle, of Emporia. Urethral injections and copaiba mixture, which he had been using were now immediately suspended, and he was put to bed and sedative fomentations were applied. When the vesical and prostatic symptoms appeared ice was applied to the perineum and rectum, and the application was continued for two days, then hot rectal enemata and warm poultices were substituted. Subsequently a blister was applied to the perineum; internally quinine, alkalies, and saline laxatives were given; a milk diet was enjoined. At a later period an attempt was made to gently irrigate the bladder with a warm boracic acid solution, but the patient could not tolerate the operation.

February 22, 1889, I was called to see the case in consultation with Dr. Biddle: Patient recumbent, emaciated; pulse 96, temperature 102°; micturition frequent, very painful, and attended with tenesmus; suprapubic pains; pain in deep perineum; rectal examination excessively painful; prostate slightly enlarged; urine turbid and purulent. The treatment decided upon was codliver oil and comp. syr. of hypophosphites, acetate of potash, hot rectal enemata, continuation of anodyne suppositories, generous diet, consisting principally of milk, and absolute recumbency. This and similar treatment was continued for some time, but without much improvement.

The patient at length became discouraged and dissatisfied, and insisted upon treatment of his own choosing, which consisted of copaiba internally, and astringent urethral injections. He carried the treatment into effect notwithstanding the interdictions of his physician, and soon became alarmingly worse. This rebellion unfortunately led to an irreconcilable alienation between him and his physician.

On March 15 I was requested to visit the patient, the messenger at the same time presenting me a note from Dr. Biddle, in which he assured me that it would be entirely proper for me to take charge of the case, as he had withdrawn. I accordingly consented to do so.

I found the condition much the same as already described, excepting that the symptoms were aggravated and emaciation had become more marked. Urination was now every few minutes, and was attended with excruciating pain. It was slow to start, and consisted of only a few interrupted jets, and was concluded, after a short pause, by the expulsion of a few remaining drops. This last act was accomplished with a tenesmus violent

and painful beyond description. The patient writhed and cried with agony which was simply terrible to behold. The urine was purulent and turbid, and alkaline in reaction. The last drops were often tinged with blood. For a month a careful trial was given to most of the ordinary remedies. For the urethral and vesical tenesmus, the bromides of potash and of lithia, camphor, hyoscyamus, belladonna, antipyrine, etc.; for the vesical inflammation, alkalies, salicylate of soda, boracic acid, chlorate of potash, benzoic acid, uvi ursi, pareira-brara, triticum repens.

On two occasions there was a sudden discharge of a small quantity of pus from the urethra, followed by a slight amelioration of symptoms, but this did not last long.

A silver No. 8 catheter was carefully inserted (having previously injected into the urethra through a soft rubber catheter a four per cent. solution of cocaine) with the hope of relieving the urethral spasm, as well as for the purpose of squeezing out the prostatic follicles. Under like conditions, several attempts were made to gently irrigate the bladder with a warm eight per cent. solution of borax. But remedies were unavailing, and local attempts at treatment were intolerable and aggravating. Nothing mitigated the suffering but frequent and large hypodermic injections of morphine.

A feature of the case, perhaps worthy of a passing notice, was the occasional passing from the urethra of small shreddy masses like bits of wool—debris, probably, of degenerative processes. These masses seemed to produce great aggravation of tenesmus. There was no urethral discharge except on the several occasions as stated.

The patient was becoming alarmingly feeble and emaciated, and there was no abatement in the suffering. I therefore resolved upon cystotomy and drainage, and on the morning of April 15, with the assistance of Drs. J. H. Page and Chas. Gardiner, Dr. T. F. Foncannon also being present, made a median incission. The patient being chloroformed and in lithotomy position, and a Little's staff having been introduced, which was held by Dr. Page, the knife (lancet pointed) was carried down through the median line, and the incision made in the way described by Allerton for median lithotomy, the point being carried onward so as to slightly incise the apex of the prostate. When the incision was completed, which is done with the withdrawing motion of the knife, a flexible ball-pointed probe was introduced along the groove of the staff into the bladder, and the staff was withdrawn. The index finger, having been well greased, was then passed along the probe by a rotary motion, through the prostate (as described by Allerton) into the bladder, and the prostatic urethra well distended.

The bladder was found to be contracted and roughened, the muscles standing out in columnar masses. A soft rubber drainage tube of large size was now introduced, and the bladder irrigated with a warm solution of boracic acid. The tube was allowed to remain, its external end resting in a carbolized sponge, which received the urine as it drained away. Improvement was immediate; the vesical tenesmus was relieved.

In the afternoon after the operation there was a severe paroxysm of pain, which was relieved by slightly withdrawing the tube. The bladder was washed out every two hours with a ten per cent. solution of boracic acid.

Great cleanliness was observed. The sponges receiving the drainage tubes were frequently changed, and always washed in carbolized water.

On the third day after the operation, when I was absent from the city, the patient was seized with severe pains, and Drs. Gardiner and Page, who were called in, removed the drainage tube. From this time on there were no untoward symptoms.

A soft rubber catheter, No. 12, was introduced every two hours, and after the urine flowed out the boracic solution was injected, and, being allowed to flow out, the injection was repeated so as to thoroughly cleanse the bladder. At first not more than one fluid ounce could be injected, but gradually the bladder returned to its normal capacity, and gradually introductions of the catheter were required less frequently. The patient was all the time absolutely comfortable, and he rapidly improved in strength and flesh.

By May 13 the external wound was so

nearly repaired that it was difficut to introduce a No. 7 soft catheter. Urine now, also, occasionally passed the natural way; I therefore introduced a catheter through the urethra, and instructed the patient to repeat the operation every alternate day.

One week afterward, May 20, the wound was entirely healed, and the patient was urinating naturally. The recovery was complete, and during the two years that have since elapsed the patient has not experienced the slightest vesical irritation, nor has he suffered the least impairment of sexual vigor.

It is not my purpose to discuss the pathology of disease in this case. I may say, however, that so intimately connected are the prostate gland and the bladder, that disease of one can scarcely exist without affecting the other; especially is this true in the specific inflammation of gonorrhœa. Hence the term prostato-cystitis is appropriate.

Here was undoubtedly a suppurative follicular prostatitis and a cystitis, severe and of considerable extent; the one evidenced, in addition to the deep perineal and rectal pain, by the occasional sudden discharge of pus through the urethra; the other, in addition to the frequent tenesmic and purulent micturition, by the supra-pubic pain and the thickened, roughened, and contracted condition of the bladder.

The severity and persistency of the disease was probably largely due to a constitutional depravity, from a so called tubercular diathesis.

Malaria as a Causative Factor in Disease, and its Management.

Read before the Eastern Kansas District Medical Society, at Topeka, June 8, 1891

BY DR. W. E. ASHBY, OF QUENEMO, KAS.

My subject covers a larger territory than I had anticipated. As an etiological factor malaria has no equal, being present both as a primary and secondary cause, manifesting itself in a multiplicity of diversified ways. As a primary cause, giving rise to remitting and intermitting fevers, it has a well marked type or symptom group, and is easy of recognition. But coming up as a complication, or manifesting itself by irregular and anomalous symptoms it becomes vastly misleading, taxing the diagnostic skill of the physician to differentiate. It may mask other pathological conditions, or crouching behind anomalous manifestations may tend to mask itself. I can best illustrate by giving a few cases in practice:

Case 1. Male, nine years old, taken with chill, followed by high fever, quick pulse, dry, hot skin, great thirst, tongue coated, bowels irregular and occasional vomiting, all with remittancy in evening. I diagnosed remitting or malarial fever, gave treatment and rendered favorable prognosis. From day to day gave no improvement, but patient grew weaker until tenth day of the disease, when marked prostration set in. On looking into the throat, I found to my great astonishment and dismay large patches of dirty gray membrane, or exudate. I gave additional treatment to meet indications, but to no effect—my patient had already began to sink. In thirty-six hours the undertaker was called. The malarial type had masked the throat trouble and led the physician into ambush.

Case 2. Male, age 56; in every way healthy, was attacked by incessant and unremitting singultus. In my search for the cause I interrogated every organ, but with negative results. I could find no local cause. I cleaned out the bowels and gave carminatives, antispasmatics, etc. I received no answer. I was then confident I was dealing with reflex manifestation of malaria. I prescribed quinine and Fowler's sol. of arsenic. In twenty-four hours my patient was improving—convalescent. In this case there was no elevation of temperature, no pain, no periodical regularity, yet it yielded to malarial treatment. When we have periodicity, we naturally suspect malaria as the disturbing element. We proverbially call malarial antidotes "antiperiodics." Accepting this regular coming and going of symptoms as being symptomatic of malarial toxæmia, often leads us into error. The following case, which occurred some ten months ago, will demonstrate this point: Child, fourteen months' old, of healthy parents, and had

always enjoyed good health; digestion was normal and bowels regular, and the child slept well every night until attacked by paroxysms of coughing every evening, commencing about nine o'clock and lasting nntil morning, when the little patient would enjoy a few hours of quiet, refreshing sleep, waking up bright and playful and remain so until evening. I supposed malarial reflex, and ordered castor oil and prescribed 2 grs. of quinine every three hours. Thirty-six hours of treatment gave no improvement, but symptoms were on the increase. I had the patient brought to my office, and on examination I found four or five teeth pressing the gums. I stopped use of quinine and gave 5 grs. of sodium bromide in elix., one to two hours apart until cough should be controlled. One or two doses had the desired effect, and teething produced no further trouble.

Here was a case of simple reflex action stamped with malarial type. These irregular and anomalous cases show the uncertainty of symptoms in diagnosis. Malaria may manifest itself in the production of ulcers, abscesses, eruptions of the skin, periodical dysentery, pain, indigestion, hemorrhage, premature labor, and a multiplicity of affections requiring constant care and watchfulness on the part of the physician to discriminate. From the strange and uncertain manner in which the poison has of manifesting its presence, I have learned, 1st—never to place too much confidence in any symptom or group of symptoms, until I have discovered, if possible, the cause; and 2d—in all protracted and doubtful cases to rediagnose from day to day, or as often as I may see my patient. Success demands constant vigilance. Malaria is the wandering vagabond of disease, lurking in every path, byway and alley garbed in raiments, unlike Jacob's coat of many colors, but in many coats of every hue, kind and pattern.

In the management of malaria we have three indications to meet: 1st, to support the system; 2d, destroy or eradicate the disease-producing germ; and 3d, allay symptoms, making comfortable, and prevent tissue destruction. The first is of vital importance, and is met with a bountiful supply of nourishing diet, well supplied with heat. I do not believe in giving cold food or drinks to patients. While the latter are very gratifying, I consider them depressing in their action. Heat stimulates, just what our patient needs, especially after formative stage has passed.

Iron preparations are indicated here, as the malaria microbe or poison has a special tendency and power to destroy the blood, thereby making a favorable medium for its pathogenic operations. We are told that blood is a germicide. Be that as it may, its physiological standard is lowered, and its integrity should be maintained if possible. The second indication pertains to remedial antidotes, of which quinine stands at the head.

We should look well to the secretions, as quinine and other remedies will have better results, if they are in a healthy state. I find 4 to 8 grs. of calomel, divided into 4 or 6 powders and given 3 or four hours apart, gives good satisfaction.

In the 3d indication I shall offer a few remarks only, regarding temperature. I have had experience in exhaustion, prostration, sub-temperature, etc., by too rapid reduction of temperature. I believe in moderate heat. The older writers were near the mark when they said "heat is life, and cold death." Heat is nature's true and natural stimulus. The north bound sun awakes to life and activity all nature. The seed germinates; the grass puts forth its tiny blade, the tree its leaves. It bursts to bud, paints and gives fragrance to the flower. There is increased activity in the function of animal life. Moderate heat applied to living tissue acts as a quick and natural stimulant. A stream of hot water thrown into a weak, flaccid and bleeding uterus will produce immediate contraction, and thus check the outflowing death torrent of blood. During the cold stage the fever germs increase, but disappear at fever climax. Where ever there is a wrong to right, or a pathological breach to repair, heat is the important means to the end in view. Pathological actions seem to always point to a physiological end. Wars are waged that peace may be proclaimed. The pathological line of demarcation is formed, that the dead may depart unaffecting the living. Fever heat seems to be an abnormal necessity that a normal end may

be attained. Heat would suggest itself as nature's moving force, a manifestation of *vis matrix naturæ*. Nature cannot talk, but her suggestions are louder than gigantic thunder. Temperatures of 107° and 108° are put down as being incompatable with recovery, yet we are astonished by the record in one case of 117°, and another of 122° and upwards for nine weeks, followed by recovery. These are truly wonderful anomalies, or else we do not yet understand the laws governing the relation existing between tissue and temperature. Too sudden and complete reduction of temperature is likely to be followed by extreme exhaustion, collapse, and is liable to work irreparable mischief. A decided protest against the wholesale use of antipyretics. The question naturally arises, is the temperature the complements of the invading element, or of the thermic centre? If of the former its reduction should be immediate and complete, but if of the latter its reduction should be conducted with care and judgment. I consider my patient safer with a temperature of two degrees above normal than with one of one-half below. The temperature should be kept within two or two and a-half degrees of normal. It should not be allowed to become subnormal.

Of internal remedies the coal tar products are proving themselves worthy our confidence. Phenacetine and autikamnia have proved themselves efficient remedies in my hands. I consider them safe and reliable—common sense and judgment prevailing. I have tried cold applications in malarial fever, but with unsatisfactory results. I prefer sponging the surface with hot water. I find it controls the heat, and is comfortable and soothing to the patient.

The points I have endeavored to bring out in this imperfect paper are: 1. Malaria a universal factor in the production and maintenance of disease. 2. The unreliableness of symptoms in its diagnosis. 3. The importance, in treatment, in supporting, treatment; and not too sudden and complete reduction of temperature.

WHERE syphilis causes one death gonorrhœa causes ten.

A Case of Rabies from Skunk Bite.

Read before the Academy of Medicine and Surgery, Topeka, Kan., July 7, 1891.

BY J. H. CANNON, M. D., TOPEKA, KAS.

James Hern, aet. 28, single, farmer, called at my office about 10 o'clock, p. m., July 11, 1887, with a lacerated wound of right cheek, with the following history: About 9 p. m. he started to go to the house of a neighbor about one mile distant, to arrange about some work on the following day. He had proceeded but a short distance when he was attacked by some small animal, which by reason of the darkness he was unable to describe. In an attempt to strike it away from him he was bitten upon the thumb of the right hand, the teeth leaving their imprint, but barely drawing blood, and while in a stooping position the animal sprang at his face, and fastened its teeth in the right cheek. He then grasped the animal around the body with one hand, tore it loose and threw it from him, when it disappeared in some weeds near by, leaving a rugged flap ½ inch wide, ¾ inch long and ¼ inch deep hanging from right cheek.

His inability to describe the animal, and there being no report of rabid animals in the community, left us in doubt what course to pursue. After stating to him the probability of rabies, and the probable disfigurement which might result from excision and cautery, I allowed him to make his choice, and he decided to have the wound dressed, which I did, carefully cleansing the wound with boracic acid solution, stitching up the flap and applying antiseptic dressing.

The following day, by the advice of friends, he visited a neighboring town and had a celebrated "mad stone" applied three times, but it would not adhere. He was told by the owner of the stone to go home and fear nothing. He came to me on his return to have the other dressing reapplied, which was done, and the wound healed by first intention.

During the first week in August he returned, complaining of a "drawing" sensation, which proceeded from the scar and ex-

tended down the side of neck and right arm to finger. Wishing to quiet any fears he might entertain, I assured him it was caused by cicatricial contraction in the wound.

August 6th, during my absence he called upon another physician and related his symptoms, when he was told he was "bilious," given two ten grain doses of calomel and some quinine.

August 7th I was called to see him; found him with temperature 102°, pulse 120, tongue covered with thick, white fur, fœtid breath, bowels constipated, eyes injected, headache, nervous, restless, unable to sleep or lie still, and complaining of difficulty at times in swallowing. I directed enema to move bowels, potas. brom, and chloral hydrat. bath before retiring, and directed his brother, with whom he lived, to watch him closely, and promised to call next day.

August 8, 10 a. m.—Patient had passed a sleepless night, temperature 103°, respiration hurried, pupils dilated, could swallow solids and hot coffee with some difficulty. At my suggestion he tried to swallow water, when he was seized with spasm of muscles of throat, and was almost asphyxiated. I attempted to use hypodermic needle when he became very violent; said he would not be killed, and I was obliged to desist. I then left him large doses of bromide and pot., chloral and morphia, but the attendants were unable to give him more than two doses, owing to the pharyngeal spasm and fury into which he was thrown by their efforts.

During the following night he became very violent, chasing the attendants from the house and threatening to kill any one who came near him. He would as suddenly become rational and apologize for his conduct.

August 9th he was unable to swallow anything fluid or solid, but was able for four or five hours to hold in his mouth cracked ice, which he relished very much, being consumed by a thirst which he was not able to quench. Temperature in the morning was 100°, p. m. 101°; no local spasm; delirium and lucid intervals about equal.

August 10.—After a very restless night, he became, toward 8 o'clock entirely unmanageable, chasing the attendants with a knife into the public road, where he fell to the ground in a terrible general convulsion, and remained so until carried to the house and confined to the bed with ropes. In a half hour he regained consciousness and asked to be untied, which was done. He lay on bed too weak to rise, bathed in perspiration, saliva dripping from mouth, eyes intensely bloodshot, the least breath of air stirred by a fan causing great spasm of muscle of face aud throat. Scarcely able to articulate more than one word at a time, gradually passing into profound coma, and dying by exhaustion at 11 a. m., on the fifth day of attack.

There never was in this case but one general convulsion; never the sharp, guttural sounds caused by laryngeal spasm, so often likened by the laity to the bark of the animal which produce the disease; never fear at the sight of water, the patient being able to hold water in the mouth until the last day without producing spasm.

The marked symptoms were: Complete insomnia from the beginning of the attack, fever, extreme restlessness, irregular attacks of maniacal fury—his fury being directed toward his best friends, complete inability to swallow fluids after the first day and solids after the second day, rapid exhaustion on fifth day, coma and death.

James Law, V. S., "Pepper's Sys. Med.," vol. 1, p. 886, in an article on "Rabies," says: "There is a popular belief that the bite of the skunk is always rabific." H. C. McCoy describes a number of cases of infection from this animal, and John G. Janeway has reported three instances. Both claim that the disease is spontaneous in the skunk, and Mr. Hovey holds on very insufficient grounds that the affection is a distinct variety of rabies (Rabies Mephitica.)"

"The facts seem to warrant the conclusion that skunks in Michigan and Kansas, have had rabies communicated to them, and follow the rabid impulse to bite other animals and men. In Kansas the influence of the skunk bite was not known until 1870, showing that it is not inherent in soil or climate, but has been, presumably, imported."

It is claimed, also, that in rabid skunks their odorous secretion is suppressed; and on

this theory, together with the size of the animal and appearance of the wound, that I formed the opinion that a case of true rabies was produced in this patient by the bite of the skunk.

DISCUSSION.

Most of those present agreed with the Doctor that his case was one of genuine rabies, notwithstanding some of the peculiar manifestations.

Dr. O'Brien spoke of the possible doubt of the bite having been that of a skunk, from the fact that these animals never attacked persons, and explained that in the cases reported by Dr. Janeway, the men bitten were lying on the ground.

Dr. Morgridge said he had recently read an article which stated that rabies prevailed 400 years B. C., and that strangely enough it was then treated by inoculation.

Dr. Cannon explained that the animal in his case did not make an attack, but that it was dark and the man probably struck it with his hand, and being in a stooping position received the bite in the face.

Sodomy as a Cause of Diseases of the Rectum.

Read before the Golden Belt District Medical Society, at Junction City, Kas., July 3, 1891.

BY W. H. RIGHTER, PH. D., M. D., TOPEKA, KAS.,
PROFESSOR OF GENITO-URINARY DISEASES IN THE KANSAS MEDICAL COLLEGE.

Mr. President and Gentlemen:—

You may think this a strange subject I have chosen for this occasion, and my reason is that the subject is very little thought of by the general practitioner.

Sodom means their secret, their cement—that is, it is a secret practice because it is a crime's act, and sodomy, as it is usually applied, means buggery.

It appears to me that this unnatural practice originated in Sodom about 2,000 years before Christ. You probably are "all" aware that the cities of Sodom and Gomorrah were destroyed about 1,900 years before Christ on account of this vile and abominable practice, producing a history of prostitution more loathsome and disgusting that had been, or can be produced.

If you will read the 18th and 19th chapters of Genesis, you will find that in these two cities of Sodom and Gomorrah they could not find (ten) decent people, and it is attributed to the Lord that they were destroyed, because of the terrible plagues produced by sodomy, a great mess of nastiness.

I believe this to be the origin of syphilis.

From the time of the institution of sodomy to the present day I believe it has been practiced.

About one thousand years before Christ, Asa, king of Juda, banished every sodomite from the country, and Jehoshaphat, his son, who succeeded him to the throne thirty-five years later, discovered that other sodomites had entered Judea, he therefore followed his father's example and banished them as rapidly as he could find them.

You will find the history of sodomy as an unnatural and abominable performance (a sin against nature), in different parts of the *Bible*. You will find in the 18th chapter of Leviticus that it was practiced between man and beast 1,500 years before Christ; but the term sodomy, or pæderasty, is applied when both parties are human males. If you will read Judges xix. and Romans i., you will find some more of it.

The trial of Mervin, Lord Audley, Earl of Castlehaven, for rape upon his wife and sodomy upon his two men servants, was convicted of a felony and executed by the guillotine May 14, 1631. These servants testified that the Earl committed sodomy upon them, and they did the same performance upon the Earl. This honorable Earl, or Lord Audley, forced his wife and daughter (in his presence) to permit rape and sodomy upon them by these two servants, because the very performance of this vile act was pleasant to his sight, in fact he delighted in viewing it. Two months after his execution, July 10, 1631, these servants were executed by hanging for felony.

Russell says: "An unnatural connection with an animal of the fowl kind is not sodomy, a fowl not coming under the term beast; and it was agreed clearly not to be sodomy when

the fowl was so small that its private parts would not admit those of a man, and were torn away in the attempt."

In this brief paper I cannot, and do not intend to exhaust this subject. My intention is to give you something to think about, and do not wish to consume too much of your time.

The various diseases of the rectum have a cause, and it is our duty, in fact it is a pleasure, to search for the cause of each of them. We will first consider venereal diseases of the anus and rectum, because they have not been mastered by any one individual. It will require all of the syphilographers and specialists of diseases of these parts to combine before the subject can be mastered. It is because of their different specialties and experiences, and are led astray by certain appearances that present themselves to view that they are not thought of. How many of us are able to recognize a rectum or anus that had been buggered?

If a male person presented himself to you with some rectal trouble, and you found a chancre or chancroid, or if you found gonorrhœa, and the disease was not present in the usual location, you would endeavor to find out how it got there, would you not?

If you did not think of sodomy as a cause, you would never find out unless your patient acknowledged the corn, which he is not likely to do. I know very well that this is a cause, and think every practitioner should give it a thought.

Sodomy is liable to produce any one of the many diseases of the rectum that are presented to you. Laceration of the rectum and hemorrhage, hemorrhoids, fissure, fistula, chancre, chancroid, venereal warts or gonorrhœa. In fact you can see at once that this abominable act is one of the causes of disease of the rectum. It also causes deformities of the anus and rectum, funnel shaped anus, dilated sphincters, abraded surfaces, ecchymoses, etc. If it is practiced continually the sphincters will become paralyzed, a chronic form of ulceration may cause a stricture.

Masturbation per rectum with different kinds of foreign bodies is another form of sodomy, but more dangerous than the latter.

About three months ago a man came to my office with some rectal trouble, and during my manipulations of the parts I discovered both sphincters relaxed, hemorrhoids, and ulcers above the internal sphincter, and after my diagnosis was made I noticed that I had excited an erection in the patient, and he informed me that the ordinary use of paper after defecation often excited his sexual appetite. He is a man of family, and I did not accuse him of any unnatural process as a cause of his rectal trouble, but thought it a possibility. I do believe that irritation of the anus or rectum will excite the power of coition.

Four years ago a gentleman, a member of a theatrical company, came to my office with a papular and pustular syphilide on face and body for treatment. He being a married man I believed his statement that he had never had a venereal disease, but he had some rectal trouble, and at a neighboring city dispensary he was examined and a diagnosis made of ulcer, and he was treated there. I examined the rectum and found a chancre healing. It was difficult for me to say whether he contracted the chancre by the careless use of instruments at the dispensary, or whether he was guilty of sodomy or pæderasty, or how it landed there.

The most important statistics that are recent comes from France. Martineau says: "The frequency of sodomy is great, as you may judge from the cases seen every day in my service. Since my lectures on this subject in 1881 (I say it with regret), deformities of the anus due to this act against nature have become more and more numerous, proving that these libidinous practices increase from day to day." Out of 1,170 observations made during the year 1880, he found 500 cases of vulvar and anal deformities due to masturbation, sapphism or sodomy.

I do not believe in this day of civilization, or even ten years ago, that Martineau saw so many cases in the period he speaks of. I think he must have been mistaken in the appearance of the parts, but it may be a fact, his patients having confessed their guilt.

I do believe that sodomy is practiced to-day, and has always been practiced from the time of its institution.

Sodomy is a crime, it makes no difference

at what age it is committed. Every state and territory of this Union, and every civilized country of the globe, make it a criminal offense. The statutes of Kansas provides that every person who shall be convicted of the detestable and abominable crime against nature, committed with mankind or beast, shall be punished by confinement and hard labor not exceeding ten years.

The statutes of other states I know nothing of, but I do know that every state legislates against it.

CONCLUSION.

Pæderasty is an unnatural desire of one male for another male.

Sapphism is an unnatural desire of one female for another female.

Masturbation per rectum is an unnatural desire of an impotent individual, especially in old age.

Buggery is the unnatural desire of a male for the lower animal.

Sodomy includes them all under a general name as an unnatural sexual process.

All of these nasty, abominable practices may produce the various deformities of the anus, and all of the usual diseases of the rectum you may come in contact with in your daily experiences, excepting tuberculosis and cancer; possibly they might be brought about by the immoral act.

Present Status of Gynecological Surgery.

Read before the Kansas State Medical Society, at Wichita, Kansas, May 15, 1891.

BY M. B. WARD, M. D.,

PRESIDENT OF THE SECTION OF OBSTETRICS AND GYNECOLOGY KANSAS STATE MEDICAL SOCIETY, SESSION 1891; PROFESSOR OF GYNECOLOGY IN THE KANSAS MEDICAL COLLEGE; FELLOW OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS; MEMBER OF THE AMERICAN MEDICAL ASSOCIATION, ETC.

GENTLEMEN:—For the first time in the history of the Kansas State Medical Society the work has been divided into sections, the better to occupy the limited time of the session.

By the vote of the Society at the last session I was elected the chairman of the section of obstetrics and gynecology. For this unmerited honor I now heartily thank you. We are now convened to carry out the excellent programme which has been prepared.

It is truly desirable that every moment of the time be occupied to advance the important work before us, that this departure from the old-time custom of the Society may be a source of pride in future years; and, also, that we may in the midst of much doubt and uncertainty be the better prepared to separate the true from the false.

In order to accomplish all that we ought, each member should present his views by *prompt*, decisive and short discussions. *Medical Societies should be battle grounds.*

In this section I earnestly desire that the truth be barricaded by clinical facts and argumentative skill, whilst the false doctrines, even though they have heretofore been taught by our authors, and believed by us, should be subjected to the scorching fire of modern investigation.

To be progressive we must be continually unlearning exploded theories in order to make way for facts, the result of modern research. This process of forgetting is not always easy. The developing mind is very impressionable, but a matured mind is often very stubborn and slow to imbibe even plain propositions.

It seems often necessary and justifiable to use, as it were, "Axis traction forceps" to deliver us of that which we ought to be rid of, and "hydraulic pressure" to force into our minds facts so plain that, to comprehend them no special effort should be required.

A few brief statements regarding the status of gynecological surgery will quite suffice my purpose at this time.

I think it unnecessary to detain you by giving a lengthy recital of statistics. I have, therefore, chosen the plan of stating, rather dogmatically perhaps, my own conclusions, derived from careful perusal of the current literature and from personal observation. That wise men differ in their opinions, goes without saying. Reading between the lines is often the cause of disputes.

Another reason for difference of opinion,

comes from the stern fact that, "Life's pathway is up hill," and he who is making progress is having a hard time of it, as every step costs an effort, and therefore the views of the progressive man must, of necessity, be different from the views of those who are content with what they acquired in the college course. "If we find our way an easy one, we may be pretty sure we are going down hill."

The operation for the removal of diseased uterine appendages, has an established place in the list of surgical expediencies. No other operation in surgery promises more, in properly selected cases, to suffering womankind, than does total extirpation of the Fallopian tubes and ovaries, when they are the cause of physical suffering and constant invalidism, the result of incurable disease of these organs. Carefully trained operators must do this work if we are to have the success which precious human life demands.

Many operations can be successfully performed by the general surgeon, but when it becomes necessary to go into the pelvis through a button-hole opening in the abdomen, with no possible guide but the touch of two fingers, and break up strong bands of adhesions which may be attached to everything in the pelvic cavity, *i. e.*, the bladder, rectum, intestines, omentum and pelvic fascia, it cannot be successfully done by any one until he has been thoroughly trained in this special work.

The non-surgical treatment of chronic pelvic inflammations, the result of diseased appendages, will fail in the majority of cases when treatment of any kind is demanded.

ALEXANDER'S OPERATION.

No operation has fewer staunch friends and advocates. The most earnest supporters of this operation are very mild in their praise regarding its usefulness. This, I think, is true even of wisely selected cases.

The small number of cases of displacements that would be cured by the operation, in comparison with the number which are in conditions contraindicating this procedure, makes it an impracticable operation. To be sure there is no great probability of death as a direct result of the operation, but the suffering which is likely to follow on account of the strain on the ligaments, and the laceration of the adhesions in cases of chronic and complete displacements—and these are the only kind demanding the operation—makes the procedure of questionable utility.

Trachelorrhaphy has held an important place in recent genecological surgery. It is an operation which, if I mistake not, is fast losing prestige. There are, no doubt, cases in which the operation would be indicated, and good results follow. It is not by any means an entirely safe procedure, except in wisely selected cases, and when done with no little caution. The benefit to the patient, in any case, is questionable.

ECTOPIC PREGNANCY.

The early diagnosis and laparotomy are the *desiderata* in extra uterine pregnancy. Electricity is now almost universally discarded in the treatment of this condition.

That much abused and seldom cured organ the *uterus*, is getting some rest as compared with former years. It being situated in the middle ground between the abdominal and external extremities of the female genitalia, it has to bear the brunt of every attack made, when disease of the female genitalia is suspected. It is not so frequently diseased as has been supposed. Many so-called uterine affections, and treated as such, are diseased conditions of the appendages, whose symptoms point to the uterus.

The uterus is a well drained organ, and through it flow mucus and pus, the result oftentimes of hydrosalpinx or pyosalpinx, and any treatment applied to the endometrium, when either of these conditions is present, only aggravates the disease, and also endangers the patient's life. It requires, therefore, more than a careless and crucial examination to determine the seat of the disease.

Indiscriminate uterine tinkering should be avoided and condemned. It is extremely dangerous. The curette intra-uterine applications and the dilator, are useful in their places, but they are too frequently and carelessly resorted to.

Vaginal hysterectomy has recently gained recognition as a justifiable operation. My views regarding this operation have been, of late, decidedly changed. One year ago I ex-

pressed myself as against the operation. More recent reports, however, concerning the success of the operation in properly selected cases, and the satisfactory results after some years have elapsed, lead me to affirm that this procedure now holds, and is worthy of an important place in gynecological surgery. It is almost certain to take the place of cervical amputations for carcinoma of the uterine cervix.

The operation for the removal of the uterine appendages for *sub-peritoneal* and *interstitial* fibro-myoma is gaining considerable prestige.

It is too early in the history of this operation to make any bold statements, but from the reports in recent journals, and what I have myself seen, I am led to say that the operation is one of the most physiological and reliable of the various plans known for ridding women of these troublesome and often dangerous tumors.

It is not always easy to remove the appendages when there are uterine tumors, and, in fact, it is sometimes impossible.

Supervaginal, or abdominal hysterectomy, is one of the more recent of the operations on the uterus. If done in properly selected cases, and by skillful operators, it is quite a safe operation.

If I am correctly informed, Dr. Joseph Price, of Philadelphia, now leads the world in performing super-vaginal hysterectomy, having done *forty* consecutive operations, including two Porro's, without a death.

Porro's operation is gaining some recognition, and I predict for it a brilliant future.

Abdominal extirpation of the uterus for cancer is now being done, and the results give promise of great success.

Tubercular peritonitis is amenable to successful treatment by abdominal section, irrigation and drainage.

Puerperal peritonitis is no longer a necessarily fatal affection if early section is done.

To permit patients to die of puerperal septicæmia, without endeavoring to have the peritoneal cavity irrigated, is a sacrifice of human life when life might be saved.

THE warm bath is preferable to the cold.

Retention of Urine.

Read before the Kansas State Medical Society, at Wichita, Kas., May 13, 1891.

SURGICAL RELIEF FROM EITHER ORGANIC OR SPASMODIC OBSTRUCTION, OR BOTH.

BY L. REYNOLDS, M. D., HORTON, KAS.

Retention of urine from some cause is a condition that frequently confronts the general practitioner and all are familar with the disastrous consequences that may quickly follow its neglect.

As in the discussion of this subject the prostate body is of special interest a brief statement of its outline, position, dimensions and structure will be in order.

It is a muscular body in which are imbeded multilobular mucous glands. It is conical in shape, with base looking backward embracing the neck of the bladder and apex pointing anteriorly.

Its greatest diameter is its horizontal transverse, being one and one-half inches. Its antero-posterior diameter is one inch and the vertical diameter three-fourths of an inch. The weight of the normal adult organ is four to six drachms.

The urethra tunnels its upper surface generally, although exceptionally it transfixes its lower surface, greatly increasing the danger of rectum in cutting operations for stone or other pathological conditions.

It consists of two latteral lobes joined together inferiorly by what might be called the isthmus, but what is sometimes denominated the third lobe.

It is this part that particularly interests the surgeons, as it is the most frequent seat of pathological enlargement which either changes the course of or obstructs the uretha.

General enlargement of the prostate frequently exists without causing the patient any inconvenience.

Annoyance is the result, usually, of irregular enlargement changing the direction of, or directly obstructing the urethra or both.

The rule is that organs which cease to be

used atrophy and why the prostate should be an exception I cannot explain.

Why this organ should enlarge in advanced age when its function is largely done away with and its analogue, the uterus undergoes the reverse process under the same conditions I am unable to understand.

Its structure and arrangement are so similar to that of the uterus, although different in function, that, as we might expect, there is a likeness in pathology.

Hypertrophy and fibroid new growths are the commonest forms of disease exibited in the prostate.

The frequency with which the third lobe is developed from the triangular portion of the prostate lying between the ejaculatory ducts is thought to be due to the absence of enveloping capsules here.

The new growths from this part may reach a size larger than the entire normal prostate and project into the cavity of the bladder.

In posterior median hypertrophy there is the greatest amount or degree of obliteration of the canal for the least amount of overgrowth.

Another fruitful source of retention of urine is urethral stricture. We may, and frequently, do have the spasmodic element of obstruction added to the organic. To this complicated condition may also be added the enlargement of the prostate.

I want to emphasize, at the outset, the importance of avoiding the use of a metallic instrument for the relief of retention of urine.

The silver catheter that so many physicians constantly have on their persons may be used in an emergency but those who persist in such use will, sooner or later get into trouble.

To illustrate the evil effects of an attempt to relieve a distended bladder by a metalic catheter I have a case to report.

Attended in consultation with Dr. Stivers, J. W. M., aged seventy-six. A retired farmer.

He had had several attacks of retention at intervals of several months and had learned to relieve himself at times with a silver catheter.

This attack occurred Nov. 11, last. He made persistent effort with the same instrument, but after causing a false passage, considerable pain and hemorrhage and, no doubt, an œdematous condition of the prostatic urethra, failed.

We tried various sizes of soft instruments under first an opiate and later under ether but constantly met an obstinate obstruction at neck of bladder.

An examination of the prostate per rectum revealed a very large, somewhat nodular prostate.

When our repeated efforts failed we advised suprapubic aspiration, to which the patient objected.

This measure was repeatedly urged upon him, but he so persistently refused until about forty-eight hours of entire retention was followed by peritonitis. This caused so much distress that the old man got anxious to have something done and consented to aspiration which was done after telling his friends that it is was probably too late to save him.

About twenty ounces of offensive urine was drawn off, the remainder having escaped into the abdominal cavity through vesicle rupture, causing peritoneal inflammation. He died twelve hours after the aspiration.

The point I wish to make in this case is, never use a metalic instrument, as I believe œdema and entire urethral obstruction was due to the use of the metalic instrument, in this case.

The prostate is an organ that stands all sorts of abuse pretty well. It may be transfixed by a metalic instrument without any evil consequences, provided the injury does not extend beyond its limiting capsule.

I think it safe to predict it will be the object of greater surgical interest in the future than in the past. Posterior median new growths may be removed surgically and thus completely relieve urethral obstruction at neck of bladder.

The most convenient and least dangerous source of access to the prostate with a view of removing any part of it, is by suprapubic cystotomy.

Opium should be given in all cases that are not readily relieved by catheter, as it relaxes the muscular elements of the urethra and prostate.

It also diverts fluids from the kidneys to the

excretory apparatus of the skin by producing diaphoresis.

Hot bath, pouring of a stream of water in the sight and hearing of the patient to so impress his sympathetic nervous system as to relieve the spasm, are simple and proper remedies although not always efficient.

Impermeable stricture of urethra is amenable to but one method of radical relief, that of external urethrotomy.

The following case is one in which this procedure was found necessary:

J. W. M., a merchant, aged thirty-eight, had been the subject of an urethral irritation of specific origin for the last eighteen years. For the last three years the urethral calibre was so much abridged that urination was slow and painful.

It had also been necessary during this time to summon the aid of a physician to overcome retention which was accomplished with some difficulty by aid of a small hard catheter.

It was on April 16, 1890, that nature's efforts again completely failed to relieve the bladder. The patient attempted to relieve himself with a hard and somewhat rough small catheter. After prolonged and rather violent effort producing considerable pain and hemorrhage from urethral laceration and false passage, he gave it up and applied to the writer for relief. This was about ten p. m. Found the whole urethra greatly contracted and apparently indurated and unyielding.

Made a careful and I thought sufficiently thorough effort to reach the bladder, but without success. Sent for Drs. Hackedorn and Stivers, of Horton, in consultation. Opiates were given and further efforts made to relieve the distended bladder, but nothing at our command could be made to reach the bladder. An anaesthetic was given with the understanding that external urethrotomy was to be performed in case the bladder could not be otherwise reached. Accordingly a No. 9 (Eng. scale) sound was inserted up to the front face of the stricture two or three inches from the bladder as far as it could be made to enter, and an incision made down to its point through the perineum by lamp light.

From this point it was necessary to reach the bladder without a guide. A blunt flexible director was inserted through the strictural tissue in the direction of the mouth of the bladder. Its point was at different times entangled in the periprostatic tissues, but by means of a finger in the rectum its point was finally made to enter the prostatic urethra. The point of a scalpel was placed in the groove and forced into the bladder, giving immediate relief to the distended viscus.

Various sized sounds up to No. 12 were inserted through the new channel, intending a gradual dilation thereafter. A drainage tube was inserted through the perineum, but could not be retained very long at a time.

After the lapse of two or three days with but slight febrile disturbance, an effort was made to introduce a sound when the bladder could not be reached without unbearable pain. An anaesthetic was again given and the canal rapidly dilated to accommodate a No. 15 sound. After this there were several chills followed by fever, the highest temperature reached being 103°.

Under quinine and iron with hot fomentations locally and an occasional opiate, the patient soon began to take nourishment freely. He gained control of his bladder in six or eight days and passed most of his water by the natural channel.

A No. 17 sound was soon inserted and the patient instructed to continue its use frequently. The perineal wound closed in about two weeks. He now passes a good, free stream of normal dimensions and in addition has a function restored that he had long been unable to enjoy efficiently, that of sexual intercourse.

OCULINE.—A preparation intended for eye diseases generally, but more especially to impart brilliancy to an otherwise fishy optic, is stated by Dr. F. Hoffman to be composed of water containing one per cent. boracic acid and five per cent. glycerine.—*Times and Register.*

DR. BRAINARD of Alma, Mich., places a high therapeutic value on eucalyptol, in consumption. He administers it in five to ten minum doses, in emulsions, every four hours. Especially is it beneficial in irritable cough, chronic bronchitis, chronic interstial pneumonia and to a less degree in tuberculosis.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

The Academy of Medicine and Surgery met in regular session Tuesday evening, August 4, 1891, at Lincoln Post hall, the president, Dr. T. W. Peers, presiding.

The following members were present—Drs. O'Brien, Cannon, McLaughlin, Wall, Davis, Ayers of Grantville, Righter, Jones, McGuire, Wallace, Schenck, Hibben, Ward, Plummer, Mitchell Morgridge, Pelton, W. E. McVey, McClintock, R. E. McVey, Hamilton of Auburn, Limmer, Lindsay, Bailey, Coldren and Rodgers.

Visitors—Dr. Parsons, of Bush Bovinine Co. Chicago; Messrs. Gilbert, Frankenberger, Sanders and Wood, medical students.

Dr. L. M. Powell, University of Pennsylvania; 1891, was elected to membership.

Dr. M. R. Mitchell read the only paper of the evening, on "Convulsions in Infancy and Childhood." See paper and discussion in October number of KANSAS MEDICAL JOURNAL.

Adjourned. Dr. T. W. PEERS,
President.

DR. D. F. RODGERS,
Secretary.

State Medical Society.

(Continued from page 297.)

MAY 15, 9 A. M.

Committee on resolutions reported as follows:

Whereas, A brief time will usher in the formal closure of the Twenty-fifth Annual Session of the Kansas State Medical Society, it is fitting that we should pay tribute to those who have so materially contributed to the success of one of the best meetings ever held; therefore, be it

Resolved, That the thanks of the Society be tendered to the retiring president, for his efficient efforts in expediting in an orderly manner the procedures of this session; to the officers of the various sections for their arduous work in providing the excellent program; to the local committee of arrangements, whose efforts have largely inspired attendance, and whose attention to detail has adequately provided for our comfort and made our sojourn a pleasure that will always remain as a happy reminiscence; to the honorable mayor, whose well chosen words of welcome gave assurance that we were among friends, and the fulfilment of the belief that Wichita would provide well for us; also to the merchants, citizens and members of the Coronado club whose liberal contributions, kindly interest and favors shown, have conspired to make our stay in the metropolis of the Southwest pleasant, and fulfil the promise.

To the press of the city we desire to extend our special thanks for their uniform courtesy, and the fair and impartial report of our proceedings.

To the exhibitors who have so lavishly displayed for our inspection the various products of the laboratory, press and factory, we desire to express our gratitude, and hope that the future may extend still further the range and completeness of this interesting feature of our meetings, that afford to many of our members opportunities of personal inspection of full stocks of aids and latest designs for the better promotion of our art, not otherwise vouchsafed. WM. A. PHILLIPS,
NANNIE E. STEPHENS,
MARY GAGE DAY,
Committe.

WHEREAS: Our revered ex-president, J. Bell, A. M., M. D., of Olathe, after forty years of consecutive service, is about to seek recuperation and change by visiting the Pacific slope; and

WHEREAS: Said Dr. Bell, by whose conservatism, long service, regular and constant attendance and personal congeniality, has endeared himself in an unusual degree to all the members of this Society, which makes his absence from our midst notable and regretable; therefore, be it

Resolved, By the Kansas (State) Medical Society, in annual session assembled, that we do commend our departing brother to the best offices and fraternal consideration of the professional brethren among whom he may be thrown; that we as a society vouch for his capability, integrity and professional honor,

knowing full well that he is entitled to our highest consideration. That a formally attested copy of these resolutions be engrossed and sent to Dr. Bell, as a token of the high esteem in which he is held by the profession of this State.

On motion, the following suplementary report of auditing committee was adopted, and the secretary authorized to issue orders for the amounts:

We, your auditing committee, do hereby recommend that the sum of one hundred dollars ($100), be allowed the KANSAS MEDICAL JOURNAL for publishing the proceedings of the Kansas State Medical Society for the session of May, 1890. Also, that four dollars ($4), be allowed to pay pages for services at this session.

GEORGE EMERSON,
C. KLIPPEL,
Auditing Com.

On motion, Dr. R. G. Mendenhall was elected an honorary member of this Society.

Adjourned.

SECTION OF MEDICINE.

WICHITA, May 15, 1891.

Section of Medicine opened at 10 a. m., with Dr. L. A. Buck, chairman, presiding.

Dr. C. Klippel read a paper on "Astigmatism," which was quite generally discussed.

Dr. Phillips, of Salina, commended the paper, and thought every general practitioner should have sufficient knowledge on the subject to enable him to detect this error of refraction, and give his patient the proper advice in regard to having it corrected.

Dr. Minney, of Topeka, said this is a very important subject, and that the general practitioner would find it difficult in many instances to arrive at a diagnosis; yet he thought that every physician should pay more attention to diseases of the eye, so that he could give his patient proper advice in regard to treatment before any serious trouble developed. He also stated that the specialist should have a thorough knowledge of general medicine, to enable him to treat the eye with a full understanding of its relation to other organs and diseased conditions of the body. He found most trouble in detecting the lower degrees of astigmatism—has had patients in whom the vision was $\frac{20}{20}$, and yet this error existed. When we find a patient suffering with stye, scales on the lids, or inflammation of the meibomian glands we may suspect astigmatism, and if the physician has not a good set of test lenses he would better send his patient to a specialist. The Doctor illustrated astigmatism against the rule by placing diagrams upon the board, and stated that this was the class of patients who suffered most from strain of the oblique muscles.

Dr. Hamilton, of Wichita, said he was not satisfied in testing these cases without the use of a mydriatic to temporarily paralyze the accommodation, and that he would not become responsible for results when patients would not submit to this. He further stated that this trouble was usually developed by failing health.

Dr. Maguire, of Hutchinson, said that physicians are usually called upon to treat a patient for some disorder of the general health when it becomes apparent that some error of refraction exists, and he had detected it at the bedside by directing the patient to point out the lines upon his watch dial. Also thought the ophthalmoscope of great value in examining this class of cases.

Dr. Axtell, of Newton, said he would never prescribe glasses without having used atropia when testing for astigmatism.

Next was a paper on "Bronchitis," by Dr. Peers, (read by Dr. Wetherby, of Arlington.)

This paper elicited quite a general discussion.

Dr. McCully, of Independence, said he found bronchitis about equally hard to treat in children and the aged; thinks this disease following la grippe not generally understood. He prefers phenacetine for reducing temperature. Uses carbolic acid and eucalyptus in treating this disease; likes the latter the best.

Dr. Veigh depends largely on the chloride of ammonium.

Dr. Wetherby, of Arlington, thinks that poultices, as they are generally used, do more harm than good. For reducing temperature likes the warm bath, gradually reduced to 60° or 70°, better than anything else. Frequently follows this by a dose of phenacetine.

Dr. Daugherty, of Manhattan, said we must

treat these cases according to indications. Commended the use of the bath to control temperature; thinks over-active treatment does more harm than good. Said he used to stuff drugs that he knew very little about, into the system which he knew less about, but now must see that the remedy is clearly indicated by the physical condition before he administers it.

Dr. Martin, of Marion, believes in counter-irritation, but not much in poulticing. Thinks that little medicine is usually needed. Lays particular stress on rest and bathing. Sometimes gives an emetic to relax his patient. Iodide of ammonium is a valuable remedy when the secretions are viscid and hard to raise.

Dr. E. E. Liggett thinks eucalyptus a very valuable remedy in treating this disease; also believes in saturating the system with chloride of ammonium. He has his patients take from one to three tablespoonsful of peptonized milk every two or three hours. Thinks very strict care should be taken of the diet.

A paper by Dr. Smolt, of Nickerson, was read by title, and referred to committee on publication.

Papers of Dr. Klippel and Dr. Peers, also referred to committee on publication.

Meeting of this Section adjourned at 12 m., *sine die*.

Dr. H. D. Hill, of Augusta, was appointed chairman of this Section for the ensuing year, and Dr. Shelley, of , was appointed secretary.

C. KLIPPEL, Secretary.

SECTION ON OPHTHALMOLOGY, OTOLOGY, &C., CONTINUED.

Dr. C. M. Holcomb, of Winfield, then read a paper on "Acute and Chronic Purulent Inflammation of the Middle Ear Tract, and their Complications."

DISCUSSION.

Dr. Tiffany—I wish to make a few remarks on Colovet's treatment of middle ear. First, clean middle ear by the peroxide of hydrogen, wipe out with cotton, then use methyl violet 1 to 100. If there are any granulations I remove them by the electro-cautery under 8 per cent. solution of cocain, then use methyl violet either as fluid or pomade. With this treatment I have had most satisfactory results. Have not tried alcohol in destroying granules. I would not expect the desired results from its use.

Dr. Fryer—I can endorse what Dr. Tiffany says in regard to the use of the peroxide of hydrogen. It is antiseptic and cleansing, and reaches readily every portion of the middle ear. I use alcohol as an application, also iodoform. Have not tried methyl violet. I have great faith in nitrate of silver. I have less and less use for boric acid, for little is dissolved, and in powder it is apt to cake and become an irritant.

Dr. Longenecker—I have lately had some experience with methyl violet in the treatment of suppurative inflammation of the middle ear, and am very favorably impressed with it. For granular troubles I have always, and still depend on strong solutions of nitrate of silver applied with a probe and cotton.

Dr. Holcomb, in closing the discussion, said that so far as methyl violet and peroxide of hydrogen is concerned, I do not doubt their efficacy, but in a general practice, as is mine, I do not try to familiarize myself with all of the latest drugs, as I have found boracic acid all-sufficient in the majority of my cases. When it has failed, my main reliance then is nitrate of silver (xv. grs. to ℥i), or alcohol.

Hal Foster—Strong solutions of nitrate of silver, aristol, peroxide hydrogen and alcohol are the remedies that I use, and are most successful in my hands. Cleanliness and antisepsis should be rigidly enjoined in all cases.

Dr. Tiffany read a paper on "Some Phases of Ametropia."

DISCUSSION.

Dr. Fryer—I did not quite hear all the doctor said in reference to the static refraction of the eye, but I would suggest that it is and must be the basis for the correction of the ametropic, due allowance being made for high degrees of myopia. With reference to the use of the homatropine I know there is much difference of opinion in regard to its reliability, but I think if it be carefully and fully used it will be found true to its work. With reference to the crossed cylinders, few oculists use them but prescribe sphero-cylinders.

Of course this is only applicable where the cylinders are or would be at right angles. At other angles we must make use of cylinders only.

Dr. Minney—Full correction is the ideal correction, but the personal equation must always be taken into consideration. Low degrees of astigmatism, and astigmatism against the rule cause the most frequent eye troubles. Asymmetry in theory should be fitted, but in practice it is not done. The Maddox prism test is a good one, but must not be relied upon wholly in operative interference.

Dr. Fryer—It is almost if not utterly impossible to correct astigmatism without mydriasis.

Dr. Minney—In answer to Dr. Fryer that you cannot correct many cases of astigmatism without mydriasis is a mistake.

Dr. Wall—I have always used homatropine four per cent. solution in correcting ametropia in persons under thirty-five years. I generally put one or two drops in each eye, then have the patient wait about forty minutes, when I usually find almost, if not complete paralysis of accommodation. This I have verified in many cases by the use of atropine succeeding it. In cases where the spasm has become very confirmed, I find it necessary to resort to atropine, but these are rare. It has been remarked by some one, that you can always correct the ametropia without resort to mydriatics. While he may find one to bear him out in this he will find fifty that do not. I would like to ask how a case of real from one of apparent myopia, in a young person can be told without mydriasis? The Maddox prism I consider of no value at all, since our prisms must be exactly plumb to test correctly. The Steven's phorometer is the only reliable instrument.

Dr. Longenecker—With regard to mydriatics, I make a rule in fitting glasses to use in almost all cases in young subjects, and for general use, prefer homat. strong solution, using atropia only in spasm of accommodation. In hypermetropia I always order glasses for full correction when consented to by patients.

Dr. Tiffany—In closing the discussion will only detain you a few moments. As to Dr. Minney's position on the use of mydriatics in correcting ametropia, would say, that especially in cases of spasm of accommodation simulating myopia, a serious mistake is liable to be made without the use of mydriatics. Mydriatics relieve the spasm of accommodation and reveals the true static refraction, which can not absolutely be gained without their use. Homatropine, cocaine as well as methyl violet dilate the pupil, but are not mydriatics. They will not control fully the power of accommodation. Patients will not tolerate the full correction of high degrees of hyperopia, especially where there is good accommodation, as in my case of high degree of dynamic refraction reported. In lower forms of hyperopia, and especially with a weak accommodation, I believe it is much better to paralyze the dynamic refraction and fully correct the static refraction.

Dr. Fryer read a paper on "Heterophoria."

DISCUSSION.

Dr. Tiffany—My experience has been that in all, or nearly all cases of heterophoria, the latter is associated with some form of ametropia, and the asthenopia is due to this anomaly of refraction or accommodation. My experience in graduated tenotomies as introduced by Dr. Stevens, has been limited, but so far not satisfactory. Treating the heterophoria by prisms and decentration of glasses, has been much more satisfactory.

Dr. Wall—I think there is great good to be gained from graduated tenotomies in well selected cases. By well selected cases I mean those in which troublesome asthenopic symptoms prevail after ametropic correction, or when asthenopia exists and no ametropia. In these cases we usually find muscular inequilibrium, which generally requires a tenotomy in the larger degrees. In the minor degrees I use prisms. I think muscular insufficiency may exist without ametropia.

Dr. Minney—Had seen a case where no ametropia existed.

Dr. Fryer in closing said that one positive assertion is worth a dozen negative ones. He also had found insufficiency without ametropia.

Dr. Hal Foster read a paper on "The Eti-

ology of Nasal Catarrh, with Special Reference to the Deviated Septum."

DISCUSSION.

Dr. Guibor considered it a very excellent paper, fully up to the times. But he was one of those who still believed that there was a condition called "catarrhal diathesis," at least if it were not entitled to be called such it was unexplainable by any theory so far advanced. Was glad that the Doctor was able to satisfy himself that it was a question of heredity and not diathesis. Satisfied that some cases of deflected cartilaginous septum were so great that Dr. Logan would be unable to remove them satisfactorily with the galvano cautery, such cases I treat by a modified Ingal's Operation, which consists in leaving mucous membrane on concave side dissecting cartilage and mucous membrane on convex side, and removing it. I am not prepared to say what part deviation plays in producing rhinitis, but do think it more important a factor than was once supposed. Very few people we examine have perfectly straight septa. Treatment as suggested by Dr. Foster is about the usual course of procedure. I remove most cartilaginous deviation with galvano-cautery—osseous by saw or drill.

Dr. W. E. McVey—In larger deviations do we not usually find on the opposite side of the deviation a corresponding hypertrophy, and if the hypertrophic condition is due to the deviation why should this occur? I think the cause of this hypertrophy may be due to the evaporation taking place from the larger amount of air passing through this side, and the irritation of the dry mucous.

Dr. J. E. Minney read a paper on "Transplantation in Minor Degrees of Entropion."

DISCUSSION.

Dr. Fryer—Have used goldbeater's skin for holding graft, easy to observe wound through it. Did not think it necessary to be as cautious as Dr. Minney said. It is astonishing how large a graft will take hold and grow.

Dr. Tiffany—Had no trouble with sloughing. Bandage for thirty-six hours, which should always be done in the aggravated condition.

Dr. Benson, of Dublin, took mucous membrane for a graft. In minor degrees electrolysis, cauterizing through the integument, then by cicitrization, gets sufficient turning out of the lids.

Dr. Minney in closing said that the graft being held only by the lid, it is well to bandage the eye to hold it in position. It is always well to keep warm. In minor degrees does this in preference to all other operations to avoid disfiguring the patient.

Dr. Guibor reported a case of "Fibroma of the Pharynx," which was removed by him. Wished to report the case simply because a question of heredity entered into it. Father died of cancer in back part of head. Grandfather also.

This paper was discussed by Drs. Foster and Minney.

Dr. Foster had a case where severe hemorrhage occurred when touched. When it was removed bled profusely. Was necessary to plug nose.

Dr. McVey read a paper on "Nasal and Pharyngeal Medication, or What to Apply and How to Apply it."

DISCUSSION.

Dr. Foster—How to apply is easy, but *what* is troublesome to us, By the judicious use of remedies that the doctor has named good results can be obtained. A great many drugs were not named. A new drug attracting a great deal of attention is aristol. I prefer galvano-cautery—can judge it better. Above all things cleanliness and care should be observed throughout. A great deal depends on how remedies are applied.

Dr. Logan—Have become skeptical about chemicals in the nose. Used galvano-cautery as his favorite, and insists on cleanliness.

Dr. Guibor—Favors galvano-cautery, as it destroys only in line of contact. Don't favor chromic acid, because it diffuses itself too much.

Dr. Fryer moved that a vote of thanks be extended to the officers of the Section, which was carried.

On motion, the Section then adjourned.

J. L. LONGENECKER,
President.

G. A. WALL, Secretary.

NEVER bathe on a full stomach.

Kansas Medical Journal.

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TOPEKA, KANSAS, SEPTEMBER, 1891.

Electrocution vs. Hanging.

Is electrocution an improvement on hanging? This question is at this time agitating the great American public. Looked at from the economic point of view it is expensive, requiring complicated machinery and skilled engineers to operate the apparatus. Then does it cause death painlessly? In this age of comfort society will not permit even her criminals to suffer, and there are very grave doubts whether death by electricity is a comfortable death, and this is a patent argument against it.

The old-fashioned hanging is certainly a cheap method of giving criminals their quietus. A rope is always handy, does not require skilled labor to operate it, and those who have tried it and have been resuscitated say that it is not painful. We can not say that death by the rope is recommended by the criminals, for "No rogue e'er felt the halter draw with good opinion of the law." Let us think the arguments from all sides of this subject give their weight to the rope, *as does the criminal.* The moral effect seems to us greater, the warning to the vicious is more terrible, when crime is seen dangling from the end of a rope. If the executions of criminals is intended to be a terror to evildoers we are in favor of hanging, and that it should take place in full view of a selected and invited number of the criminal classes.

The *Pall Mall Gazette* tells of a doctor on a man-of-war who had a very simple method of treatment. He would tie a piece of tape around the waist of the mariner, and command him to declare whether the pain was above or below the tape. If above the emetic was given, if below a dose of salts, of course.

Boils and Carbuncles.

These should be treated heroically; a crucial incision should be made under cocaine, and the wound packed with antiseptic gauze.—*Kansas Medical Journal,*

Before you do this try a better method. Give calomel until the fever is reduced and the digestive functions restored, then give tr. ferri mur in 20 drop doses every four hours, and see how your patient gets well.—*St. Joe Med. Herald.*

We think the boil man of the *Herald* will follow the plan indicated by the KANSAS MEDICAL JOURNAL (above stated), after he has had the succession of crops of boils that adherence to his internal plan of treatment will bring. Modern pathology teaches that boils are caused by micrococci finding entrance under the skin, usually through some scratch or wound.

The Clinical Value of Sterilized Milk.

Prof. A. Leeds, in a paper read before the American Medical Association, states sterilizing milk destroys the starch liquifying ferment normaly present. Lach. albumen is partly coagulated, the caseine is made less readily digestible by rennet, pepsin and pancreatin; butter fat sometimes forms, and the albuminoids in their changed condition hinder the assimilation of fat; milk sugar is destroyed by long heating Much more is given that is very interesting if not all new. He further states that infants treated by Dr. Davis in the Philadelphia hospital, and fed on sterilized milk and treated by modern methods, improved, but were not nourished by sterilized milk.

Sterilization of milk, to be complete, requires about four hours at a temperature of 212° F. This undoubtedly puts the milk in condition to afford but little nourishment. But this long-continued boiling is unnecessary. When the milk is received fresh from the cow, while still warm it does not need to be sterilized, and if but a short time has elapsed since the milking all that is necessary, provided cleanliness has been observed in the care of the vessels containing the milk, is to simply bring the milk to the boiling point and place it in clean bottles, or better bring it to the boiling point in bottles; this does not destroy the qualities of the milk, but will keep it free from fermentation until the next supply is obtained morning or evening.

Bichlorides of Gold.

It is needless to remind members of the regular profession that its humanitarianism long ago condemned secret remedies. If a discovery is made, based upon therapeutic principles, capable of wresting from suffering and death our fellow men, it of right belongs to humanity.

So generally is this principle applied by scientific and honorable practitioners, that when any one calling himself a doctor surrounds a pretended discovery with the halo of secrecy intelligent persons, in and out of the profession, quickly decide that without secrecy it is nothing, or that there is reason for its loving darkness rather than light.

In bringing such medical wares before the public, the methods vary as widely as the tastes and genius of the advertiser, and now that intelligent persons suspect all forms of medical advertisements, perhaps no shrewder method has been adopted than that followed by Leslie E. Keely, of Dwight, who has been kept constantly before the public by "special correspondents" and "regular correspondents" of the Chicago *Journal* and Chicago *Tribune*, by the publication of claims and counter claims of discovery, by setting up straw men for the purpose of knocking them down, and occasionally the common method of a "horrible example" and "a miraculous cure." But the thinking man asks what of the logic of bichloride of gold in the treatment of chronic alcoholism? and the intelligent man answers, the end is the injection of gold into the pocket of the operator.

No mere physical agency can give will power to those in whom its absence was congenital, or restore it to those who for every trial and tribulation have sought the anæsthetic action of alcoholism until "trifles light as air are burdens too heavy to be borne," and until the seductive agent has produced functional or organic disease of brain and nerves, and digestion, of secretant and excretant, until the whole physical organism trembling on the brink of ruin, demands deeper draughts of anæsthesia.

Of the mental disease that ends in alcoholism, we must say with Macbeth's physician, "therein the patient must chiefly minister to himself;" and no single agent is capable of relieving the various physical degenerations consequent upon the drink habit.

Hygiene in Philadelphia.

Mr. Henry C. Smith, of Philadelphia, has given a sum of $20,000 to the University of Pennsylvania for the erection of a hygienic laboratory. The plans have been revised by Dr. John S. Billings, who has embodied in them the results of his observations during a scientific tour in Europe. The institution will, it is stated, be the finest of the kind in the world—till some other American millionaire builds a grander, or at least a bigger, Temple of Hygiene somewhere else. It is to be provided with lecture rooms, museums, bacteriological and photographic rooms, a crematory, a separate building for the rabbits, guinea pigs and other animals used for experiments.—*British Medical Journal.*

Local Use of Oil of Wintergreen.—Equal parts of oil of wintergreen and olive oil, applied locally to the affected parts is highly recommended by Dr. Staple, of England, in both acute and sub-acute rheumatism. In ninety-eight per cent. of cases treated, the doctor reports the disappearance of the pains within six hours.—*Notes on New Remedies.*

Never bathe just before a meal.

Lyon County Medical Society.

President—T. C. Biddle, M. D.
Vice-President—C. Gardiner, M. D.
Sec. and Treasurer—J. T. Webster, M. D.
Board of Censors—J. F. Morrison, M. D.; G. W. Frost, M. D.; J. H. Page, M. D.

The Society meets the first Tuesday of every month, in Drs. G. W. Frost and J. H. Page's office, over Morris' drug store, 428 Commercial street, Emporia, Kansas. A cordial invitation is given every *regular physician* to visit it.

Subject for October — "Epilepsy," J. J. Wright, M, D.

Leader in discussion—S. P. Reese, M. D.

"While the lamp holds out to burn,
The vilest sinner may return."

We are glad to publish the following resolution adopted at a recent meeting of the Faculty of the Marion-Sims College of Medicine:

Be it Resolved, That after the session of '91-'92, the Marion-Sims College of Medicine will exact as a condition to matriculation in medicine of all its students who may not have previously matriculated, attendance upon a graded course of lectures extending over three years."

"Leaving the things that are behind, let us press forward toward the mark of the prize of our high calling."

Removal of a Piece of Prune Stone from the Right Bronchus.

On the evening of July 17, 1891, I was called to see a child two years' old that had inhaled a piece of prune stone. The accident occurred about eleven hours previous. The child when seen was cyanosed, and the piece of stone, as near as could be located, was in the right bronchus.

It was 10 o'clock, p. m.; the child was dying; there was no help near, and something had to be done. I immediately chloroformed the child and opened the trachea low down. The relief to breathing was immediate, although the stone did not come away at the time. The next day, at 10 a. m., the tube having been removed, the seed was coughed up and appeared in the opening, and was removed by forceps. The child made a rapid recovery. This is my second case of foreign body in the trachea within the past two years. Both had to be operated on and both recovered.

DR. B. F. MORGAN.

RILEY, KANSAS.

The above speaks for itself. Away from help in a small Kansas town, near midnight, a child dying, the family and neighbors excited, and the whole responsibility resting upon the one man, tries his nerve, and ability. Such a man is a physician in every sense of the word. Send us reports often, doctor.

[ED.]

THE Fourth Annual Meeting of the Medical Society of the Missouri Valley will be held at Council Bluffs, September 17 and 18. The programme will be mailed September 1st. Please send title of your paper before August 31st.

F. S. THOMAS, Secretary.
Grand Hotel Annex,
Council Bluffs, Iowa.

P. S.—Send applications for membership to Dr. J. F. White, 606 West Broadway, Council Bluffs, Iowa, including the fee, $2.

EMPORIA, KAS., August 15, 1891.

J. E. Minney, M. D., Topeka, Kansas:

DEAR DOCTOR:—At the regular meeting of the Lyon County Medical Society, in July, Dr. Charles Gardiner presented to the Society the facts relating to "The Inter-Continental American Congress," as received from you. The Society took action on the matter, and Drs. Chas. Gardiner and J. H. Page were appointed as a committee to further investigate the matter; and at the regular meeting on August 4, the following resolution was passed by a unanimous vote of the Society, with a request that the Secretary forward to you a copy of them.

Resolved, That the Lyon County Medical Society commend the action of "The Inter-Continental Medical Congress," and that this Society will make an effort to be represented at the next October meeting.

Respectfully yours,
J. T. WEBSTER, Secretary.

LITTLE THINGS.

Do not bathe when very weary.

After bathing lie down and rest.

Have you had gum-chewers cramp?

The world is growing better as it grows older.

Filth is a breeding ground and not a cause of disease.

In many places chloroform is the favorite anæsthetic.

Hard drainage tubes sometimes produce fæcal fistulæ.

Dr. P. M. Lewis, of Lecompton, called on us in August.

Amblyopia may be caused by large doses of antipyrine.

Frank Hamilton Potter, son of W. W. Potter, is dead.

It has been suggested that genius has a degenerative organ.

Methyl. violet (Pyoktanin), is advocated by some in the treatment of lupus.

It is claimed that the Keely cure for alchoholism is atropine. It is worth trying.

Lombroso says "all men love to speak of themselves, and the insane excel in this particular."

Dr. T. C. Craig, of Easton, has returned from a summer outing in the Blue Ridge Mountains of West Virginia.

The next congress of Physicians and Surgeons (convenes once in three years) meets in Washington, D. C., September 22, 23 and 24.

The Kansas City *Medical Record* favors the removal of the sexual organs as a punishment for crime. There is meat in that cocoanut, Dr. F.

"Great oaks from little acorns grow,"
Big jags from a little corn juice flow.

"Concerning the deformity Bowlegs,
Many *Arch* remarks are made."

The nasal mucous membrane absorbs readily, and it has been suggested by Dr. Klein to administer morphine in this way. An inch of the powder at a time can be inhaled until a dose is taken.

Dr. Hugh McColl (*Journal of Gynecology*) says, in answer to the question, "Is craniotomy justifiable upon the living child?" "The Cæsarean section, or some of its modifications, to-day enables us to give a chance of life to all the children who were heretofore sacrificed, and presents no greater mortality to the mother, where the operation has been deliberately chosen and the mother prepared for the operation, than did that of an embryotomy, which sacrifices all the children. Harris, of Philadelphia, gives from a collection of cases 94 per cent. of children saved, and 76 per cent. of mothers; and in the great majority of these the patients were not prepared for the operation, but it was undertaken at the last moment without the care that should be exercised in all capital operations."

Every school district should employ a reputable physician to instruct the youth in the physiology and care of the generative organs. Ten lectures each year would be sufficient, and twenty-five dollars could not be more profitably spent.

Dr. Chas. M. Hay (*Med. Age*), advocates the use of antipyrin, in combination with bromide of ammonium, in the treatment of epilepsy:

℞ Ammon. bromidi. gr. xx.
Antipyrin, gr. vii. to x.
M. Sig. Dose, three times a day.

Dr. Chas. J. Simmons, of Lawrence, one of Kansas brightest young physicians, took to himself a blushing bride. The Journal expresses itself as most highly pleased with such adventures, and wishes the happy couple years of continued prosperity.

Dr. O'Brien, Secretary State Board of Health, informs us there is an epidemic of small pox at Atchison, Jackson county, Mo. Fourteen cases have thus far appeared, confined to three families.

Good For Kansas City.—The transactions of the Medical Association of Missouri for 1891, report a membership of 190. Forty-five are Kansas City men, or one-fourth of the membership.

Eastern Kansas Medical Society.

Remember the Eastern Kansas Medical Society meets in Leavenworth on the second Monday in October. The Society will be favored by papers from Drs. Pelton, Punton, Morgridge, Lane, McClintock, Scott, Walters, Goddard, and other medical lights, that the profession of Kansas may well be proud of.

A visit to the Soldier's Home, Penitentiary, and Fort Leavenworth, are some of the features that will make a visit to Leavenworth both profitable and a pleasure. The programme will be mailed in a few days, and will appear in next number of the JOURNAL.

An invitation is extended to every one to meet with us.

R. S. MAGEE, M. D., Sec'y.

Prevention.

Dr. H. B. Baker, Secretary of the Michigan State Board of Health, thinks most surgeons believe microbes cause nearly all inflammatory processes, while sanitarians think they are the source of "consumption, pneumonia, bronchitis, laryngitis, pharyngitis, tonsilitis, rheumatism and other causes, including all dangerous communicable diseases;" and he claims that the State Board of Michigan has saved to that state 5,000 lives that would have been destroyed by scarlet fever, and 1,500 from death by small pox. He says these figures are based upon "statistics which appear to be trustworthy."

If trustworthy the State Board of Michigan is to be congratulated, and if it can infuse its energiy and intelligence into other state boards of health, the people living at the close of the nineteenth century may conclude they were born too soon, while the physician living at the close of the twentieth century will conclude he was born too late.

GOTHAM, in his New York letter to the *Medical Herald*, dated June 25, 1891, may visit the wild west. Speaking of the Harvard Medical School in requiring a four years' course before granting the degree of Doctor of Medicine, he says: "The day is not far distant when all the colleges of the country will take a similar step forward, and then it will come to pass, that to be a physician one must be a civilized, educated, scientific person of either sex. When this millenium shall have come, exit the semi-savage, ignorant clod-hoppers who now masquerade under the title of M. D. Perhaps I am denuding the average western doctor too closely, and if you wish to cut this out—for you know the editor must sometimes suppress the truth as well as tell it. But God help the ignoramus who reads the above and knows that he is the one being cauterized, for it might rob him of some of his egotism; and what, pray, could an ignoramus do without egotism? But enough of this, or I will not dare to visit the wild west again for ten years."

Gotham's got it. Got it bad. He is getting his system soaked full of it. But the average western doctor will welcome him back, egotism and all, when he finishes his two weeks' course in New York. One is reminded of the little man who had on an enormous overcoat, and when he took it off Lincoln said of him, "it's the biggest shuck for the sized nubbin I ever saw." Western doctors are using microscopes.

Liability of Telegraph Companies.

The State of North Carolina has recently decided in two cases, that telegraph companies are liable for damages in cases where great anxiety and mental shock have followed negligence in delivering messages, as where a husband is prevented from knowing of his wife's sickness and being present at her death and burial, or of knowing of her confinement.

It has also decided that the person to whom the message is sent can maintain the action, and that as no absolute rule of damages is possible their admeasurement must be left to the jury.

A few other states have made similar decisions, and the physician who can appreciate the depression and damage incident to such disappointment, both to the sick and their friends, will understand the justice of the ruling.

TREATMENT FOR BALD HEADS.—Did you ever see a bald headed Indian? Why not; because he uses sunlight baths. Hence the best treatment for bald heads is to wear a hat without a top.

Is Extirpation of the Cancerous Uterus a Justifiable Operation?

Read before the Hodgen District Medical Society, Nevada, Mo., July 9, 1891.

BY J. H. M'INTYRE, A. M., M. D., ST. LOUIS, MO.

According to observations made by Gusserow, Lebert, Seifert and others, the life of women affected with cancer of the womb from its first manifestation is about twenty months. It is not surprising, therefore, that a few operators attempted to gain a greater likelihood of eradicating the disease by the removal of the entire uterus, either through the vagina, or by abdominal section.

From statistics to which I have access, I find that the cancerous uterus has been extirpated about five hundred times; approximately one hundred and fifty by abdominal section, and three hundred and fifty by the vagina.

On account of the high and frightful mortality resulting from the abdominal operation —not less than 72 per cent.—it has been abandoned, except in a very small number of cases where the vaginal method is not feasible. I find but a single case reported of a woman subjected to this method of operation who lived over one year, most of them died in less than six months, and scarcely any lived a year.

Vaginal hysterectomies while not so fatal as abdominal, yet gives such a high rate of mortality as to be entirely unjustifiable; of seventeen cases reported in a large western city, nine of the cases were promptly fatal.

No less bold, skillful and successful operator than Mr. I. Knowlesly Thornton, of London, says: "The immediate results may be totally different from those at present obtained, and the after results also, before the operation can be admitted to a place among the legitimate operations of surgery."

Lawson Tait says: "The proposal to deal with cancer of the uterus by complete removal of the organ meets with my strong disapproval;" and he further states: "My reasons are that its primary mortality must always be heavy, and that the few cases in which the disease does not recur are clearly errors of diagnosis."

Schrœder of Berlin, now dead, after performing vaginal hysterectomy on twenty-seven patients, says: "It is not yet to be called satisfactory, especially as far as the question of recurrence is concerned."

Prof. Olshauem, up to 1883, performed this operation twenty-eight times; two of his patients died on the day of the operation; three of septicemia on the second and third days; one of carbolic poisoning on the second day; one of iodoform poisoning on the sixth day; and another also died suddenly of embolism of the pulmonary artery on the sixth day.

Dr. Reeves Jackson, of Chicago, elucidated this question very clearly before the American Gynæcological Society, showing it to be a highly dangerous operation, and not productive of reasonable hope of relief.

It has been claimed by the advocates of total extirpation, that when recurrence of the disease does take place, the patient suffers but little toward the end of life, as the spread of the disease is upward in the pelvic cellular tissue, and the patient is saved not only from the dreadful pain, but also from the hemorrhage and ulceration.

While I do not deny that this may occasionally be true, yet I must say that I have never seen it. In cases which I have observed, the pain, fœtid discharge, and cachexia, were as pronounced as in those not yet subjected to this operation.

In consequence of the dangers of total hysterectomy, I therefore answer the question, is extirpation of the cancerous womb a justifiable operation? most unquestionably in the negative.

This being true, the question naturally suggests itself: Is there any other method of treating uterine cancer, that is at once safer in the technique of operations, and which gives assurance of longer life afterwards? I answer unhesitatingly and unequivocally in the affirmative. In proper cases for operation, and by proper cases for operation, I do not mean those cases in which the disease has progressed to such an extent that the woman who consults you, has already made her own diagnosis—where the ganglia, the parametric

tissues, the vagina, and indeed all the surrounding structures are infiltrated, and adherent, and matted together, or where ulceration is extensive.

As we all know, uterine cancer of whatever variety, in its early stages, is a painless disease. We further know, that in at least ninety-five per cent. it begins in and affects the cervix, and we have no reason to doubt that it is very often, indeed almost always, implanted upon a laceration of the cervix. Although it is accounted by some good authority, Briesky among them, that it is caused by friction of the cervix on the vaginal floor.

Primitive uterine cancer is very rare in the body of the womb.

In the cervix its extension is circumferential and not upwards; therefore the best and safest manner of its removal is through the vagina—supra vaginal amputation—together with tunnelling to a greater or less extent the body of the womb, as may be indicated or necessary, bearing in mind the paramount necessity of removing every vestige of diseased tissue.

This can be best accomplished by the use of the galvano-cautery, the knife, or the hot iron, followed if need be by caustics, and which give incomparably better results, both as regards the immediate death rate and the ultimate results.

Time will not permit of a minute description of operative detail in the use of the various instruments and appliances that may be required, but I will venture to tax your patience with a description of a method of operating, which, for more than ten years past, I have practiced with great satisfaction, and with far better results than formerly, and to the use of which I am indebted to the late Angus McDonald, of Edinborough, Scotland.

After the patient has been fully anæsthetized and placed in a modified lithotomy position, he proceeds to amputate the cervix, which he does with great rapidity with an ordinary gouge, such as is used in operations for necrosis of bone. He next introduces either a boxwood or vulcanite speculum of large size, and through it applies a paquelin cautery knife, heated to rather more than a dull red, and burns away all the diseased tissue, many times going up to the fundus, and leaving the body of the uterus a mere shell. Just before completing the operation he allows the heat of his paquelin to become a very dull red and applies it to every part of the wounded surface, which effectually prevents hemorrhage.

It is remarkable how little pain is endured by patients who have been subjected to the operation in this manner. It would give me pleasure to report cases, but I have already occupied enough of your time. I thank you for your attention.

ONEIDA, KANSAS, May 28, 1891.

To the Officers and Members of the Northern Kansas Medical Society:

I present to you the case of Mrs. Rebecca M. Cockerham, who has given permission of the use of her name, as well as the conditions set forth by herself.

Her age is 48 years, is of large frame, muscular and of industrious habits. Seven years ago, or at the age of 41, while pitching hay, without warning she was taken with a severe attack of flooding, which kept up more or less for two weeks, then a cessation or rest of two weeks, which continued at intervals two weeks off and two weeks on for over a year, when the condition seemed to change, the flow lasting five or six weeks at a time, of a dirty or muddy color, followed by a rest of from one to two weeks, during which time she took all the sure cures suggested by neighboring women who claimed to have been just like her—which among other things included that infallible remedy fl. ex. of ergot.

About one year ago she presented herself at my office in swadling cloths, stating she had been waiting for over a month for the flow to stop so as to appear in a more tidy manner, but finally concluded to wrap rags about herself and come. I touched the uterus with a weak solution of iodine after drying the organ best I could, and advised hot water injections every four hours until flow ceased, this only furnished a short temporary relief.

About the first of April she came back with the same old story; the flow was so severe it was difficult to make an examination, but by careful examination became satisfied the trou-

ble was malignant, and informed her of my opinion, but insisted by all means she should present herself to Dr. George C. Irwin of Sabetha, which she did (as she said after the flow got better.)

After Dr. Irwin's examination I received the following, April 18, 1891: "I to-day examined Mrs. Rebecca Cockerham—I find a destructive process going on which I believe to be malignant, and am of your opinion that thorough enucleation of the diseased organ is all that promises any relief."

Mrs. C. returned to Oneida, and on April 23 underwent the operation, assisted by Dr. Hays of Seneca, L. A. Corwin of Goffs and Secrest of Oneida, druggist W. C. Hamlin giving the anæsthetic. The unavoidable absence of Dr. Irwin was regretted by all. After dilation of the sphincter ani for hemorrhoids by Dr. Hays, the enucleation of the uterus was made, which from first to last occupied about fifteen minutes of time. While this may appear a short space of time, we will state we had several difficulties to contend with; first, a large cystocele; second, the adhered or fixed condition of the uterus; third, the ovarian cyst as you see here, although small, required tying high up; fourth, the breaking of a Jackson needle, with the point fast in the tissue, which required the completion of the stitching with a short Emmett needle.

In preparing this case for operation I followed the plan that I have heretofore advocated: To keep the patient on full diet, avoiding the starvation plan advocated in hospitals; had the bowels moved freely evening before, and an injection given three hours before operating, and no breakfast. The patient recovered rapidly, in three weeks was up, and at the end of four weeks ready to return home. On two occasions the temperature was above 101°, caused by patient taking nourishment that caused flatulency.

S. MURDOCK, M. D.

FOR SALE.—A very fine Hartnock microscope with 3 object lenses and 3 eye pieces, substage codenser, &c., very cheap. Also, a new Tobold Laryngoscope and Mirror in case. Address this office.

PUBLISHER'S COLUMN.

Artificial Infant Feeding.

Infant feeding has demanded and received a large share of professional attention during the past decade. Of course we refer to the feeding of infants, who, from any cause, are deprived of the mother's milk. Whenever a healthy mother can supply sufficient nourishment to her babe, it is the duty of the physician to insist that she shall nurse the child before every other consideration. But if the mother is at all debilitated or afflicted with any kind of disease, it is always best to feed the child artificially from the start.

In artificial feeding of infants, the common custom is to substitute cow's milk by reducing it one-half or two-thirds with water, which so reduces the quantity of the nutritious elements that the child is not half nourished. Many people recommend the use of condensed milk, but our experience with its use has been anything but favorable.

The uncertain quality of the milk sold in our large cities, and the excess of sugar necessary to preserve the condensed milk, make it impossible to prepare from these sources an infant food that will give proper nutrition.

Where, then, can we find a substitute that will supply the nutrition necessary for the growth of the infant, and at the same time be always at hand, ready for use?

After an experience extending over a period of twenty-five years, during which time we have used almost every variety of infant food, we are satisfied that we have in Lacto-Preparata and Carnrick's Soluble Food the most perfect and rational substitutes for mother's milk that have ever been introduced to the profession.

The *Lacto-Preparata* is prepared wholly from milk, with the caseine digested and part of the butter replaced by cocoa butter. This is the most suitable food for infants during the first six months of life. It is easily prepared by the simple addition of water, is unaffected by keeping, and represents the normal constituents of mother's milk.

The *Soluble Food* is composed of the solid constituents of milk, sugar of milk, and the

finest quality of wheat. The starch in the wheat is converted into dextrine and soluble starch by being kept for eight hours at a temperature of nearly 300 degrees Fahrenheit. The caseine is sufficiently predigested with pancreatine to render it impossible to form hard and indigestible curds in the child's stomach. Like the Lacto-Preparata, this food will keep any length of time. It requires no addition of milk, is always ready for use, and can be prepared for the child in a few moments. It is also free from the fermentations that occur in milk, and from the development of poisons, such as *tyrotoxicon*, which often cause cholera infantum and other intestinal disorders. This food is all the child requires from the sixth till the twelfth month, after which soups and broths may be judiciously added. Until teething is completed, however, the Soluble Food should constitute the principal diet of the child, and even in the earlier years of childhood it will be found valuable in all cases of sickness where other foods cannot be tolerated.

We were led to adopt these foods in our practice about three years ago, and since then have recommended no other. Not only does the child thrive, but the flesh is hard and firm, the skin has a healthy glow, and every function of the body seems to be perfectly formed. Of twenty infants for whom we have prescribed these foods from birth, not one has suffered in the slightest degree from any stomach or intestinal disturbance, even during the hottest summer months. In one case the mother was feeble and had been in poor health for years. She had given birth to five children, four of whom she nursed for several months. Three died before the age of five, and the fourth is still puny and delicate. On the birth of the fifth child we advised the artificial feeding from the start. Lacto-Preparata was used for the first six months, when the soluble food was substituted. The child is now over fourteen months old, has never taken any other food, and is the image of physical health and beauty, as well as a constant surprise to all the friends of the family. This fact should suggest the importance of always keeping the child from the breast, if the mother is not in perfect health.—*The Medical Tribune.*

What Preparation of Malt with Cod Liver Oil should be Prescribed ?

The earnest attention of physicians is invited to demonstrated facts regarding the quality of the preparations of malt with cod-liver oil in the market determined by the report of the chairman of Committee on Adulteration of the New York Pharmaceutical Association, read at the recent 1891 meeting.

Dr. Eccles analyzed the three best known preparations of cod-liver oil in the market, number one, Trommer's; number two, The Maltine Co.'s; number three, Parke, Davis & Co.'s, and reached the conclusion already arrived at by an analysis previously made of these same products by Prof. R. H. Chittenden, of the Sheffield Scientific School of Yale University, that only one of these products, and that number three was true to the claim made by its makers as to the per centage of cod-liver oil.

We quote verbatim from Dr. Eccle's report as follows:

"There are but three well known makers of the preparation, and the variation in its title renders it impossible to conceal their identity even if deemed necessary. A bottle of each was purchased in the open market, and submitted for examination for the purpose of ascertaining the per cent. of oil. A rumor being afloat of some departure from honorable dealing in the composition of two of these products, spicy revelations were anticipated, and we have not been disappointed. When a chemist seeks sophistication in a food or medicinal product, he never expects to find a dear article used to adulterate a cheap one. If dame rumor can be credited, something like this has been laid at the door of two manufacturing establishments. What is very amusing about the matter is, the fact that one firm insists upon the truth of the charge, although our analysis acquits them of such singular conduct. Cod-liver oil is cheaper than malt extract, so that the substitution of the latter for the former could not be deemed an act of economy by any one. Every preparation should be true to its claim, whatever the cost of the respective ingredients. If a false sentiment has gone abroad among medical men, to attempt to cater to this sentiment verbally while contradicting it practically, is, to say the least, bad policy.

One of your committee has practically found that phthisical patients do well on this preparation when the proportion of oil is small, if

not too small, while they do not do so well on those goods having the greatest per cent. of oil. This has been put to the test since the present examination began. Full doses, where the quantity of oil is large, were found to annoy the patient through regurgitation, whereas the smaller proportion was at once assimilated.

The label on number one claimed a composition of 40 per cent. of oil and 60 per cent. of extract. It is therefore nearly 25 per cent. short of its own claim."

Inasmuch as the chemist of the State Dairy Commissioner of Ohio, about a year ago made a report not in harmony with these facts, which report the Trommer Co. made use of to depreciate Parke, Davis & Co.'s preparation of malt with cod-liver oil, and widely circulated with the intent of disparaging this product and advertising their own, it gives us much satisfaction to quote the opinions of these two distinguished chemists, Professors Chittenden and Eccles, in substantiation of the claims made by this well known house, who desire to inform their friends among the medical profession that their products has sustained its reputation for excellence, and to request physicians to specify it in their prescriptions in preference to that of other manufacturers.

A complete copy of Prof. Eccles' report, will be sent physicians on application to Parke, Davis & Co.

WE have just received one of Swift & Holiday's new Catalogues. It is gotten up in first-class style, and displays to the best advantage a line of goods equal to any in the West. The cuts are numerous, and the general make up of the work shows that neither time nor money has been spared to make it creditable to the firm. We notice many new features in the way of instruments and many things which are not usually kept in the ordinary supply houses. Messrs. Swift & Holliday will no doubt be well repaid for their expense by the patronage which must come and which they justly merit.

NASHVILLE, TENN., May, 1891.

Messrs. Renz & Henry:

I have been using your Three Chlorides Elixir quite frequently. The more I use it the better I am pleased with it. It is a most excellent tonic, combining Alterative properties. In Chronic Syphilis when the system has been pulled down with the Iodides, it tones up most admirably. Have found it a most excellent tonic in convalescence after protracted Malarial and other febrile conditions. Very truly yours,

DEARING J. ROBERTS, M.D.

Double Pneumonia.

During the prevalence of influenza last winter, all my cases of pneumonia were treated by the use of hot poultices and the administration of the *Febricide Pills*.

These pills contain quinine, acetanilide and *cocaine*. There is nothing secret about them, and the object of this note is not to claim superiority for any special maker of pills, but to advert to the merits of the formula.

My records show that during the grippe period I attended twenty-three cases of lobar pneumonia, all of which recovered. Ten of these were hospital cases; the remainder occurred in my private practice.—William F. Waugh, M. D., in *Times and Register* of December 20, 1890.

Summer Disturbances of Children.

In fermentative disorders of the alimentary canal in the young, middle-aged or old, listerine has given most satisfactory results. In the summer diarrhœa of children, Dr. I. N. Love, of St. Louis, speaks very highly of it, given in combination with glycerine and simple syrup. A formula that I have time and again used—in fact, it has almost become routine with me of late years—is as follows:

℞.	Bismuth sub nit.,	half a drachm.
	Tr. opii.,	twenty drops.
	Syrup ipecac.,	
	Syr. rhei arom.,	aa two drachms.
	Listerine,	half an ounce.
	Mist. creta,	one ounce.

M. Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.—*D. J. Roberts, M. D., in Southern Practitioner.*